#### **DIVISION OF ADULT PAROLE OPERATIONS**

1515 S Street, Room 212-N, Sacramento, CA 95811-7243 P.O. Box 942883, Room 212-N Sacramento. CA 94283-0001



December 22, 2010

#### Dear Sheriff/Police Chief:

The Governor's Budget Act establishes the maximum Daily Jail Rate (DJR) for reimbursement of costs for State prisoner and parolee detention pursuant to Section 4016.5 of the California Penal Code. A revised maximum DJR for Fiscal Year (FY) 2011/12 may be established in the Budget Act of 2011, and is applicable to detention services provided after July 1, 2011. The California Department of Corrections and Rehabilitation (CDCR) will apply adjustments to the approved DJR, as appropriate, for each jurisdiction that submits a rate proposal in accordance with the FY 2011/12 DJR Manual.

Local jurisdictions seeking reimbursement for the cost of detention and/or parole revocation hearings must submit an annual rate proposal to CDCR, Office of Audits and Court Compliance (OACC), within prescribed timeframes. DJR Proposals are due no later than March 1, 2011, and Parole Revocation Hearing Rate (PRHR) Proposals by January 1, 2012. Adequate documentation to support each computation must accompany all rate proposals. Documentation should be clearly footnoted and cross-referenced to accurately reconcile all information. Proposals not meeting this requirement will not be accepted by OACC.

The FY 2011/12 DJR Manual provides critical guidelines and methodologies for calculating the DJR and PRHR and requesting related reimbursements. Please take the time to review the FY 2011/12 DJR Manual, sample DJR calculation package, and computation form available on the CDCR internet website at:

http://www.cdcr.ca.gov/Parole/Local Assistance Program/DJRM/Index.html

Please note, unless specifically requested, the FY 2011/12 DJR

Manual will not be distributed in a hardcopy format.

Requests to extend a DJR Proposal due date must be submitted in writing to OACC prior to the March 1, 2011, deadline. Local jurisdictions failing to submit an updated DJR Proposal or requesting an extension by March 31, 2011, shall retain the currently-approved DJR for FY 2010/11 and waive a DJR adjustment for services provided during FY 2011/12 and applicable retroactive rate adjustments. As stipulated in the Governor's Budget Act provision language, all claims for DJR reimbursement must be submitted to CDCR within six months of services rendered.

Critical highlights of the FY 2011/12 DJR Manual guidelines, including revisions and/or additions, are:

• Chapter I, Section C. Policy and Appendix IV Governor's Budget Act: Language was included to reflect that the 2010 Budget Act did not provide an increase in the cap for FY 2010/11; therefore, the last approved cap of \$77.17 remains in effect until further notice. Future revisions to the Budget Act will be applied as appropriate to the DJR proposals.

- Chapter II, Section E. Non-Routine Medical/Dental and Miscellaneous Expenses: As a reminder, counties/cities are to follow the notification requirements and authorization for treatment guidelines set forth in the DJR Manual. Failure to meet notification requirements and authorization for treatment shall nullify the obligation of the State to accept financial responsibility for any parolee requiring non routine medical care.
- Chapter VII, Section E., Subsection II Division of Adult Parole Operations (DAPO)
   Consolidated Amended Invoices: The address to send consolidated amended invoices has been changed from Headquarters Accounting Services Section to:

Attention: Local Assistance Program Manager
California Department of Corrections and Rehabilitation
Division of Adult Parole Operations – Headquarters
1515 S Street, Room 212-N
Sacramento, CA 95811

CDCR looks forward to continued working relations with Local Assistance Program (LAP) participants, and appreciates all the time and effort required.

Please submit DJR rate requests or any related communications to:

California Department of Corrections and Rehabilitation
Office of Audits and Court Compliance
Rose Mitjans, LAP Rate Analyst
PO Box 942883
Sacramento, CA 94283-0001
Telephone: (916) 255-2641
Fax: (916) 255-1850

Rose.Mitjans@cdcr.ca.gov

Sincerely,

Original signed by

ROBERT AMBROSELLI
Director
Division of Adult Parole Operations

cc: Auditor-Controller
Daily Jail Rate/Revocation Preparer
DAPO DJR Analyst, CDCR, OACC

# **DAILY JAIL RATE MANUAL**

# FOR REIMBURSEMENTS

# UNDER

# SECTION 4016.5 OF THE PENAL CODE

# SECTION 1776 OF THE WELFARE AND INSTITUTIONS CODE



CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

**FISCAL YEAR 2011/12** 

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DJR Manual Introduction

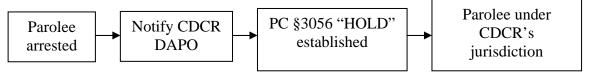
# CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION DIVISION OF ADULT PAROLE OPERATIONS AND DIVISION OF JUVENILE JUSTICE

DAILY JAIL RATE MANUAL FOR REIMBURSEMENTS UNDER SECTION 4016.5 OF THE PENAL CODE AND SECTION 1776 OF THE WELFARE AND INSTITUTIONS CODE

# I. INTRODUCTION

# A. OVERVIEW OF LOCAL ASSISTANCE PROGRAM

When an individual is arrested by a local jurisdiction for a violation of law and identified as a California parolee, the California Department of Corrections and Rehabilitation (CDCR), Division of Adult Parole Operations (DAPO) should be notified and given the opportunity to place a Penal Code (PC) §3056 "Our Hold Only" (OHO). (See Appendix I, PC §3056.) The OHO establishes that the parolee shall remain under the legal custody of the CDCR and that the parolee is subject at any time to return to State custody. Once the parolee is cleared of local charges, and becomes eligible for release by the local jurisdiction, should the CDCR elect to continue the hold, the parolee is retained and becomes the financial responsibility of the CDCR.



The OHO reimbursement process is managed under the CDCR's DAPO Local Assistance Program (LAP), which provides for the temporary detention of parole violators in city and county jails (hereinafter counties) while awaiting parole revocation proceedings.

The CDCR reimburses counties for:

- 1. Costs incurred for detaining State parolees on behalf of the CDCR or the Board of Parole Hearings (BPH), and
- 2. For the use of local facilities and staff to conduct parole revocation proceedings, also referred to as Morrissey or Valdivia Hearings.

These costs are incorporated into a Daily Jail Rate (DJR) and Parole Revocation Hearing Rate (PRHR) that is unique to each jurisdiction and based on the jurisdiction's actual allowable detention expenses divided by the jurisdiction's average daily population (ADP) from prior fiscal years.

DJR Manual Introduction

The county will bill the CDCR for housing a State parolee/inmate once the CDCR approves a DJR for the county.

# **DJR x CDCR Parolee/Inmate Bed Days = Reimbursement**



The Division of Juvenile Justice (DJJ) uses the DJR established by the CDCR for reimbursing counties for housing wards. The DJR is comprised exclusively of adult costs and ADP. In the event that the city or county seeks to establish a rate exclusive to juvenile costs, approval must be obtained from the CDCR.

# C. METHODOLOGY

The methodology used by counties to affect LAP reimbursements is outlined in this DJR Manual, and is subject to audit by the CDCR's Office of Audits and Court Compliance (OACC). (See Chapter VII, Section B, Audits.)

RESPONSIBILITY	ACTION		
CDCR, DAPO	<ul><li>Manage the LAP.</li></ul>		
County/City	<ul> <li>Submit Cost Package Proposal to CDCR's OACC.</li> </ul>		
	<ul> <li>Once approved DJR received, bill CDCR's Sacramento</li> </ul>		
	Accounting Office (SAO) via the appropriate DAPO		
	Regional Headquarters Office.		
CDCR, OACC	<ul> <li>Review DJR Proposal, make necessary adjustments, and approve DJR.</li> </ul>		
	Notify county/city, CDCR's SAO, DJJ and DAPO of		
	County's approved DJR.  Conduct DJR Audits		
	Conduct DJR Audits.		
CDCR, DAPO	<ul> <li>Verify that conditions of detention meet statutory requirements for transferring financial responsibility to</li> </ul>		
	the CDCR.		
	Forward claims to SAO.		
CDCR, SAO	Process invoices and reimburse county.		

# C. POLICY

The PC §4016.5 (see Appendix II), pertaining to the CDCR, and Welfare and Institutions Code (WIC) §1776 (see Appendix III), pertaining to the DJJ, were enacted on July 1, 1975 to relieve cities and counties of the cost of detaining State parolees. PC §4016.5 requires that the CDCR reimburse local jurisdictions for costs incurred as a result of State prisoner and parolee detention, and parole revocation proceedings, when the detention and/or proceedings relates to violations of conditions of parole and not new criminal charges. PC §4016.5 limits reimbursements to counties for costs incurred from detention to the same cost factors used by the CDCR in determining the cost of prisoner care in State correctional facilities.

Direct payments to cities and counties for costs incurred in the LAP and the Detention Program were authorized by Chapter 961, Statutes of 1984 [Assembly Bill (AB) 3545]. AB 3545 became effective on September 7, 1984 as an urgency statute.

DJR Manual Introduction

The 2005 Governor's Budget Act eliminated the \$59 per day cap for the DJR and, instead, authorized the Department of Finance (DOF) to approve a new rate cap that is calculated annually to reflect prior year changes to the CDCR's cost of custody and routine healthcare. The 2010 Budget Act did not provide an increase in the cap for Fiscal Year (FY) 2010/11; therefore, the last approved cap of \$77.17 remains in effect until further notice. Future revisions to the Budget Act will be applied as appropriate to the DJR proposals.

A revised maximum DJR for FY 2011/12 may be established in the Budget Act of 2011, and is applicable to detention services provided after July 1, 2011. The CDCR will apply adjustments to the approved DJR as appropriate for each jurisdiction. All reimbursements for services provided prior to July 1, 2011, are subject to the maximum DJR applicable to the period for which services are provided.

AUTHORITY	REQUIREMENT	APPENDIX	
PC §3056	<ul> <li>Parolee subject to legal custody of CDCR.</li> </ul>	I	
PC §4016.5	CDCR reimburse local jurisdictions for	II	
	detention cost and parole revocation hearings.		
WIC §1776	DJJ reimburse county detention facilities for	III	
	housing parole violators.		
Budget Act	Maximum reimbursement for detention per day	IV	
	per parolee/inmate as annually authorized by		
	the DOF.		
	• Claims be filed within six months after the end		
	of the month in which the costs are incurred.		
	<ul> <li>Claims may not include booking fees.</li> </ul>		
	that parolee/inmate is CDCR's legal custody.		
	Expenditures be charged to the fiscal year in		
	which the claim is received by CDCR, or the		
	fiscal year in which the claim is warrant.		
Chapter 961,	<ul> <li>Direct payments to cities and counties for costs</li> </ul>		
Statutes of 1984	incurred in the LAP and Detention Program.		
(AB 3545)			

# II. DAILY JAIL RATE

# A. DAILY JAIL RATE REQUIREMENTS

The CDCR and DJJ require that the city or county have an annually approved DJR for **each facility** in which State parolees or wards will be housed when invoicing for services pertaining to the detention of parole violators. A complete cost proposal is needed for each facility requiring an approved DJR. A DJR cost proposal need not be submitted for facilities that do not house State parolees or wards. Example: Honor Farm Facility, as State parolees/inmates/wards are not housed in Honor Farms.

# B. ANNUAL DAILY JAIL RATE PROPOSAL

The proposed DJR for FY 2011/12 is based on actual costs and the ADP established for FY 2009/10.

ACTUAL FY	INTERIM FY	DJR FY
FY 2009/10	FY 2010/11	FY 2011/12
❖ Actual costs and ADP	❖ No impact at this time.	Current DJR. Based on actual
statistics used in	These costs and ADP	costs and ADP statistics from FY
calculating the DJR	statistics will be used in	2009/10, and estimated increases
for FY 2011/12.	computing the FY 2012/13	or decreases from FY 2009/10 to
Amended rate will be	DJR.	FY 2011/12 for costs and ADP.
established, which is		This <b>projected</b> rate is subject to
subject to the		the applicable FY cap as
applicable FY cap as		established in the Budget Act,
established in the		and is subject to adjustment (up
Budget Act.		to applicable cap for
		FY 2009/10) in rate proposal
		submitted for FY 2011/12.

The methodology for the Annual DJR Proposal is intended to facilitate the use of data for a complete accounting cycle.

CDCR pays the current FY based upon a projected rate using costs and ADP from two years prior, the rates are subject to retroactive adjustment and to the cap in place for that applicable FY. All rates submitted are subject to the cap established in the Budget Act annually, regardless of the actual rate, and the rate established in the Budget Act remains intact for that FY.

Cities and counties must submit <u>one</u> of the following for FY 2011/12 to the CDCR's OACC no later than **March 1, 2011**:

- 1. DJR Proposal for FY 2011/12 (based on actual data from FY 2009/10); or
- 2. Request for extension.

ANNUAL DAILY JAIL RATE PROPOSAL TIMELINE		
ACTION REQUIRED	DUE	
Cost package submittal	March 1, 2011	
Request for extension	March 31, 2011	

#### 1. DJR PROPOSAL

A DJR cost package proposal must be submitted to the CDCR by the cities and counties. The FY 2011/12 DJR proposal should be based on the actual cost and jail population verified for FY 2009/10.

Adequate documentation to support the DJR Computation Sheet is required. The documentation should be clearly footnoted and cross-referenced so that the amounts claimed on the DJR Computation Form can be traced from the source documentation (e.g., expenditure report) to the applicable allocation worksheet to the Computation Form. Proposals that do not meet this requirement will not be accepted by the OACC.

The checklist located in Appendix IX, Blank Forms, will assist counties in the preparation of a DJR by assuring that the necessary items are included with the DJR computation forms when submitted for review and approval.

For your convenience, the FY 2011/12 DJR Computation Form and DJR Checklist are available online at the CDCR website:

## http://www.cdcr.ca.gov/Parole/Local Assistance Program/DJRM/Index.html

These documents may also be requested from CDCR, OACC, via email file attachment.

In the event a city or county prefers an alternative DJR Proposal format, please provide sample documentation to the OACC for prior approval. Due to the volume of DJR Proposals reviewed by the OACC, all proposals submitted without a previously approved format will be returned unprocessed to the applicable jurisdiction.

# 2. REQUEST FOR EXTENSION

Requests to extend a DJR Proposal due date must be submitted in writing to OACC prior to the March 1, 2011 deadline. Local jurisdictions failing to submit an updated DJR Proposal, or requesting an extension by March 31, 2011, shall retain the currently approved DJR for FY 2010/11 and waive a DJR adjustment for services provided during FY 2011/12 and applicable retroactive rate adjustments. When requesting an extension, please include the anticipated completion date for the new DJR proposal. The OACC will review all extension requests and notify county of extended due date.

# C. APPROVAL OF THE PROPOSED DJR

The OACC reviews all DJR Proposals for compliance with the DJR Manual. Upon approval, OACC notifications are forwarded to the county/city and the appropriate State representatives.

#### D. ALLOWABLE AND UNALLOWABLE COSTS

All costs, allowable and unallowable, direct and indirect, must be supported by appropriate accounting records and source documentation. Expense Reports that have questionable expenditure line items need to be supported by adequate documentation for applicability and inclusion in the rate development. Allocated costs must be supported by documentation that indicates the methodology used for allocation. Documentation relied on by cities and counties for reimbursements related to the LAP and the Detention Program must adhere to Governmental "Generally Accepted Accounting Principles" (GAAP) as outlined by the American Institute of Certified Public Accountants, Government Accounting Standards Board.

# 1. ALLOWABLE COSTS

To be allowable, direct and indirect costs included in the DJR calculation <u>must meet all</u> of the following criteria:

- a. Be necessary and reasonable for the proper and efficient operation of the detention facility.
- b. Be allocable to the detention facility.
- c. Conform to the limitations and exclusions pursuant to the PC §4016.5 (pertaining to the CDCR) and WIC §1776 (pertaining to the DJJ), the DJR Manual, and other applicable State or local laws and regulations.

# 2. UNALLOWABLE COSTS

Consistent with the PC §4016.5 which requires that CDCR reimburse cities or counties for jail services using "...the same cost factors as are utilized by the CDCR in determining the cost of prisoner care in State correctional facilities..." and with the State Administrative Manual (SAM) §8752, et seq., (see Appendix V) the costs listed below are unallowable when computing the city's or county's DJR.

Unallowable functions/costs generally are those that are for the benefit of the entire city or county rather than specifically for the LAP and/or Detention Programs and/or those costs that are incurred by the city or county regardless of the actual presence of a State parolee/inmate.

The following are some of the characteristics of unallowable functions:

- ❖ The activity is legislative in nature.
- The activity produces benefits for jail programs, but not State parolees/inmates housed in the city/county facility; e.g., work furlough, home detention, etc.

❖ The activity is undertaken for the benefit of the entire city or county, or for the general public.

❖ The activity is a general function required to carry out the overall responsibilities of local government. Some examples of the above are: Board of Supervisors' review, advertising, salaries of elected officials, and donations.



# **NOTE**

For questions whether a specific cost is allowable, the city or county should contact the OACC at (916) 255-2641 for approval prior to including the expense in the DJR computation.

A list of unallowable costs is indicated below. An explanation of each cost is contained in Appendix VI, Glossary of Definitions.

UNALLOWABLE COSTS		
Advertising	Home detention <sup>1</sup>	
Booking costs, including classification costs <sup>2</sup>	Equipment that meets or exceeds the county or city's capitalization policy	
Capital assets	Facility lease or use costs	
Commissary costs	Fines and penalties	
Communications or radio services, outside of the jail facility	Insurable losses	
Cell phones	Interest and other finance costs	
Contingencies	Legal expenses	
Contributions and donations	Meals for guests	
Depreciation costs		
Elected official's salaries and benefits	Non-routine medical expenses	
Encumbrances	Non-routine pharmaceutical expenses; i.e., prescriptions	
Inmate Programs (vocational, educational,	Transportation outside of the county	
rehabilitative, etc.)	lines, excluding transportation to a	
	State facility	
Loans for capital improvements	Lease from the county or from the city	
	government for jail space.	
Work furlough <sup>3</sup>		

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<sup>&</sup>lt;sup>1</sup> Home detention costs are <u>not</u> the amount of revenue received for the program. Actual program costs need to be captured and reported.

<sup>&</sup>lt;sup>2</sup> Booking costs are <u>not</u> the amount of booking revenue received or the last approved Board of Supervisors' booking rate x the number of bookings billed. Booking costs are costs associated with booking, including classification (the Budget Act specifically excludes booking costs), staff salaries and benefits, services and supplies, equipment, food, and medical costs. For assistance in calculating booking costs, contact OACC as referenced above.

<sup>&</sup>lt;sup>3</sup> Work Furlough costs are not the amount of revenue received for the program. Actual program costs need to be captured and reported.



# NOTE:

Unallowable costs must be included as both a direct cost and then removed as an unallowable direct cost on Lines 12-17 on the DJR Computation Schedule. This will ensure that the correct percentage of allowable indirect costs is calculated and applied to the DJR. In addition, unallowable costs must be removed from indirect costs prior to reporting applicable indirect costs on Line 21 of the DJR Computation Schedule. See Sections E and F for further instructions on direct and indirect costs.

# E. DIRECT COSTS

The DJR Computation Schedule is set up so that the correct percentage of indirect costs is calculated and included in the rate development. Therefore, INCLUDE <u>ALL</u> direct allowable and unallowable costs applicable to detentions only in the first section of the DJR Computation Sheet--Lines 11 through 18 of the computation sheet. This procedure ensures that unallowable direct costs receive their proportionate share of overhead and that these costs are not included in the rate.

The following direct costs are allowable only if they pertain to the jail operations (see Appendix VI – Glossary of Definitions):

	SALARIES, WAGES, AND BENEFITS, INCLUDING:
Salaries	Permanent employees
	Temporary employees
	Overtime
	Differential pay
Benefits	Dental insurance
	Disability insurance
	FICA
	FICA Health Insurance
	Health insurance
	Life Insurance-Group
	Management Insurance
	Meal benefits if included in Memorandum of Understanding
	(MOU) between county/city and Union.
	O.A.S.D.I.
	Retirement
	Unemployment Insurance
	Uniform allowance
	Worker's compensation
	<b>NOTE:</b> Exclude the Sheriff's Salary and Benefits - the sheriff is an elected official and the salary and benefits of the sheriff are not allowed as expenditures when computing detention costs.
	<b>Attach</b> a listing of all the positions by classification, which are included in the Salary and Benefits reports.
	<b>Attach</b> a copy of the appropriate expenditure reports and provide any explanations as to deviations between the total Salaries and Benefits line of the expenditure report and the Wages and Benefits line on the DJR Computation Form.

OPERATING EXPENSES, INCLUDING:			
Automobile Mileage			
Automobile	Services and Supplies		
Inmate Food Services	Dining supplies		
	Food costs		
	Kitchen supplies		
Personal	Clothing and personal supplies		
	Travel		
	Routine dental supplies		
Household expenses	Bedding and Linen		
	Paper products		
	Laundry services and supplies		
	Dry cleaning		
Maintenance	Equipment		
	Automobile		
	Buildings		
	Grounds		
	Office, computer, printing and Lektreiver equipment		
	Safety equipment		
	Building supplies		
Custodial	6 1		
	Janitorial supplies		
Office Expenses Postage			
	Duplicating, printing		
	Film		
	Supplies		
Training	POST		
	STC		
	All costs associated with maintaining Officer standards		
Utilities	Refuse collection		
	Water		
	Sewage		
D 111 /	Electricity		
Publications	Books		
	Subscriptions		
	Legal notices		
D. C. I	Periodical publications		
Professional	Data processing		
and Special	Memberships and dues		
Services			
Insurance	General liability Malpractice		
	iviaipiacuce		

OPERATING EX	PENSES, INCLUDING (CONTINUED):		
Medical	Laboratory services and supplies provided to <b>all</b> inmates		
	Care provided to <b>all</b> inmates		
	Routine pharmaceutical supplies (non prescription, over the		
	counter medications)		
	Routine medical supplies (supplies used in administering care		
	all inmates receive)		
	NOTE: Include <u>all</u> medical costs (routine and non-routine) in the Allowable Direct Cost section of the DJR computation form.		
	<b>Deduct</b> non-routine medical in the Unallowable Direct Cost section of the DJR.		
	<b>Provide</b> detail of routine medical and non-routine medical expenditures and applicable allocations.		
	<b>Bill</b> non-routine medical costs directly to CDCR via the appropriate DAPO-office. Please note that non-routine medical costs must adhere to guidelines detailed on page 11 to be eligible for direct billing to CDCR.		
	Attach a copy of any medical service contract, if applicable.		
	Provide detail of routine medical and non-routine medical		
	expenditures covered under the contract.		
Leases/Rent	Equipment		
	Real property (but not property leased or rented from the City,		
	County, or State)		
Equipment	Safety equipment		
	Office furnishings (below capitalization threshold)		
	Equipment (below capitalization threshold)		
	Small tools and instruments		
	<b>NOTE:</b> Attach a copy of the capitalization policy (fixed asset		
	threshold).		
Communications (within the jail facility)	Telephones		
,,,	Radios		
Transportation	Intra-County only (within county lines) or to a State Facility.		
NOTE:	<b>Attach</b> verification that the "prior year" expenditures were paid in FY 2009/10.		
	<b>Include</b> all transportation costs (intra and inter) in the allowable direct cost section of the DJR Computation Form. And, deduct inter-county transportation costs in the unallowable direct cost section of the DJR Computation Form.		
	<b>Ensure</b> that Professional and Special Expenses <u>do not</u> duplicate medical costs. <u>The cost of consultants will always be questioned.</u>		
	<b>Verify</b> that the cost is necessary and reasonable for the proper and efficient operation of the jail operation, and that State parolees/inmates benefit from the program.		

# NON-ROUTINE MEDICAL/DENTAL AND MISCELLANEOUS EXPENSES

### 1. Non-Routine Medical/Dental Expenses:

# Definition:

"Non-routine medical expenses" refers to medical services and costs provided to an individual for a specific condition or specialized care, such as those that typically require a specialized physician (e.g., dermatology, psychiatry, cardiology, endocrinology, neurology, oncology, etc.). Pharmaceutical costs that are not dispensed over the counter are non-routine medical costs.



# NOTE:

If the medical treatment is not **provided** to <u>all</u> inmates, it is non-routine and must be captured and reported as such.

Non-routine medical expenses incurred by State inmates as defined in this Manual, are unallowable as a direct cost in the DJR calculation, and may be billed by the city or county directly to SAO, via the appropriate DAPO Regional Headquarters Office. (See Chapter VII, CDCR Claims Processing.) Review and extract non-routine medical expenses from the medical and professional and special services line items, and other line items as applicable.

# **NOTIFICATION REQUIREMENTS AND AUTHORIZATION FOR TREATMENT:**

# Please refer to Chapter VII, Claims Processing, for specific documentation requirements.

If a State parolee in the custody of the city or county requires non-routine medical care after being received, the city or county must provide verbal notification to the Unit Supervisor of the respective parole unit within 24 hours. The city or county shall document action taken towards verbal and written notification.

Additionally, within three consecutive days of continuous <u>emergency</u> non-routine medical care, the city or county must provide written notice to the State for a determination whether to release the State's parole hold or remove said parolee/inmate from the care of the city or county. Notification shall be directed in writing to the appropriate Unit Supervisor.

The Unit Supervisor will immediately forward such notice, including the specific nature and level of medical services required, to the respective District Administrator.

The District Administrator shall forward pertinent details to the DAPO Headquarters Health Care Coordinator for evaluation and disposition. Current Health Care Coordinator contact information is as follows:

Flora Allen, SSM I PO Box 942883 Sacramento, CA 94283-0001 Phone: (916) 327-5413 Fax: (916) 327-0785

Email: Flora.Allen@cdcr.ca.gov

The District Administrator will communicate the final determination to the Unit Supervisor, who will be responsible for authorizing treatment and continuing a parole hold or removing the effected parolee from the city or county jail, as appropriate.

Non-routine medical needs of a non-emergency nature require written pre-authorization from the DAPO, and shall be processed in a manner similar to that of an emergency medical need.

Failure to meet notification requirements and authorization for treatment shall nullify the obligation of the State to accept financial responsibility for any parolee requiring non-routine medical care.

The State will not compensate the city or county for the cost of housing parolees/inmates, including medical cases, beyond the scheduled day of transport who are confirmed by the city or county as "ready to transport" and unavailable on the scheduled day, unless such delays are beyond the control of the city or county.

EVENT	RESPONSIBILITY	ACTION
Parolee in custody	City or county	Within 24 hours, must provide verbal
requires non-routine		notification to the Parole Unit
medical care.		Supervisor re: required medical care.
Parolee in custody	City or county	Within three consecutive days, must
requires emergency non-		provide written notice to the State re:
routine medical care.		emergency care.
Notification of non-	Parole Unit	Forward notice to the District
routine medical care	Supervisor	Administrator.
received.		
Notification of non-	District	Forward notice to DAPO Health Care
routine medical care	Administrator	Coordinator for evaluation and
received.		disposition.
Final determination	District	Communicate determination to Parole
established as to	Administrator	Unit Supervisor.
whether to release		
parole hold or remove		
parolees/inmate from		
the care of the city or		
county.		
Final determination	Parole Unit	Either authorize treatment and
communicated from	Supervisor	continue parole hold, or remove
District Administrator.		parolee from city or county care.

# 2. Miscellaneous Expenses:

Invoices and required attachments which bill the CDCR for any miscellaneous costs incurred on behalf of a parolee/inmate during authorized detention which are not covered by the DJR may be invoiced and billed to the CDCR. (See Chapter VII, CDCR Claims Processing.)

# F. INDIRECT COSTS

Indirect costs (or overhead) are those costs incurred for a common or joint purpose, benefiting more than one program and not directly assignable to a particular program; e.g., central government service costs and overhead costs for the units providing support to the facility.

Indirect costs pertaining to detention operations shall exclude unallowable cost factors noted in Chapter II, Section D, Allowable and Unallowable Costs, and be less any applicable offsetting reimbursements. Costs that may be included in this line item are:

1. Costs <u>approved for use</u> in the <u>FY 2009/10</u> Indirect Cost Rate Proposal (ICRP) or County Wide Cost Allocation Plan (COWCAP).

To include the ICRP or COWCAP in the Indirect Cost calculation, subtract building and equipment use costs and include any roll forward amount. Unless unallowable under

PC §4016.5, other costs included in the ICRP or COWCAP are acceptable Indirect Costs and must be allocated appropriately to each cost center.

2. Any departmental, divisional or other <u>allowable</u> indirect detention costs (overhead) as defined in this DJR Manual, including salaries and benefits and services and supplies, less any applicable revenues or reimbursements.

For additional information regarding unallowable indirect costs within a city or county cost plan, see Sections 2430-2440 of the <u>Handbook of Cost Plan Procedures for California Counties</u>, State Controller's Office (SCO). Please note that all costs must be consistent with the requirements of PC §4016.5.

All indirect costs must be allocated based on the percentages that each cost center benefits from the indirect costs. The cost proposal must include all worksheets detailing the basis for the allocation (salaries and benefits, etc.), actual percentages used, and dollar amounts. Copies of the expenditure and revenue reports are required in all cases and regardless of methodology. Please footnote and/or cross-reference all figures from source documentation to the computation.

The following indirect costs are allowable only in proportion to the jail operations:

INDIRECT COSTS			
Applicable	1. COWCAP costs, formally approved by the SCO as estimated costs for		
Detention	use in FY 2009/10:		
Overhead	<ul> <li>INCLUDE the roll forward amount from the COWCAP.</li> </ul>		
Costs	■ EXCLUDE the building and equipment use costs from the COWCAP.		
	EXCLUDE any unallowable costs.		

- 2. Any departmental or divisional applicable overhead costs, such as the Sheriff's office, including:
- Salaries and benefits (less the Sheriff's salary and benefits), and
- Services and supplies.
- Less any applicable offsetting reimbursement(s) and unallowable costs as noted above.

**NOTE**: Allocated indirect costs must be accompanied by allocation worksheets and supporting expenditure reports.

#### G. OFFSETTING REIMBURSEMENTS AND APPLICABLE CREDITS

<u>Dual funding is not allowed</u>. Reimbursements or funding from federal, State or other sources must be used to offset costs incurred for programs related to PC §4016.5 or WIC §1776. The exception to this are reimbursements received from other agencies for their inmates, provided that:

- 1. The services provided for housing their inmates are similar to services for CDCR parolees/inmates, and
- 2. Those inmates are included in the ADP count; e.g., reimbursement received from the federal government for housing federal inmates.

All reimbursements for direct jail services must be offset against direct cost expenditures. Such offsetting reimbursements include, but are not limited to:

- 1. Training funds supported by a federal or State program.
- 2. Parole revocation hearing reimbursements for direct jail expenses, such as security staff or jail utilities, but not for the reimbursement of costs incurred outside of the jail.
- 3. Transportation costs reimbursed by the federal, State, or local government through other approved programs.
- 4. Court security service reimbursements for direct jail expenses such as for security staff.
- 5. Other mandated cost reimbursements or offsetting grants applicable to costs claimed for the DJR.
- 6. Reimbursements received for services provided to other facilities such as laundry service, food service, etc.
- 7. Inmate medical co-payments.
- 8. Reimbursements from employees for food services, jury duty, personal telephone calls, and witness fees.
- 9. Applicable credits refer to those receipts or reduction of expenditure-type transactions that reduces expense items included in the DJR calculation, to the extent that such revenues and credits are measurable and available for the city's or county's detention operation.

Examples of such transactions are:

- a. Purchase discounts.
- b. Recoveries or indemnities on losses.
- c. Insurance refunds or rebates.
- d. Adjustments of overpayments or erroneous expenditures.
- e. Rebates from vendors.

If credits and/or revenues reduce allowable DJR costs, they must be claimed as an offsetting reimbursement.

# III. COMPLETING THE DJR COMPUTATION FORM

# NOTE:

- **Documentation** supporting reimbursement must adhere to GAAP as outlined by the American Institute of Certified Public Accountants.
- **Reference** specific exhibit, attachment or note on the DJR computation form that supports each line item indicated on the computation form.
- **Identify** combinations of object codes from support documents that make up a line item on the computation form.
- **Include** all applicable source documents; i.e., expenditure reports, budget reports, revenue reports, etc.
- Verify with the checklist to ensure all necessary supporting documentation is enclosed
  with your DJR computation form. Include any spreadsheets explaining the basis of the
  allocation, if costs are being allocated.
- Support documents should be copied to letter size (8 1/2 x 11) paper when possible.
- Cross-reference support work papers to source documents.
- **E-mail** a copy of your DJR Computation Schedule and worksheets to the CDCR DJR Analyst.
- Mail a hard copy of your entire **proposal**; include items emailed and all source documents.

# **ACTUAL EXPENDITURES FOR FY 2009/10 (Reported Costs):**

#### A. Lines 2 - 9

Include all **allowable** and **unallowable direct** costs for the jail facility. Deduct unallowable direct costs in lines 12-17.

#### 1. Line 2:

Wages and Benefits - Use the FY 2009/10 actual costs for the jail facility(ies).

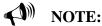
# Attach:

- a) A copy of the expenditure report that lists the items and the amounts expended in salaries and benefits.
- b) A listing by classification of the positions included in the salaries and benefits.

If salaries or benefits were allocated, attach:

- a) A worksheet showing the basis for the allocation, the actual percentages used and the dollar amount.
- b) A copy of the actual expenditure reports even if the costs were allocated.

Identify any attachments as a footnote on the worksheet.



Do not include any salaries or benefits for Administration in this line item. Administration is considered to be part of the Indirect Costs. Do not include any salaries or benefits for any elected officials, such as the Sheriff, as they are unallowable costs.

# 2. **Line 3**

Services and Supplies - Use the FY 2009/10 actual costs. Attach a copy of the expenditure report that lists the items and the amounts expended in services and supplies for the jail facility.

If services and supplies were allocated, be sure to include all worksheets showing the basis for the allocation, the actual percentages used and the dollar amount. Attach a copy of the expenditure reports even if the costs were allocated. Identify any attachments as a footnote on the worksheets.

#### 3. Line 4

Medical Costs – For the purpose of calculating the DJR, include costs for all routine and non-routine medical costs. Non-routine medical costs should be deducted in lines 12-17.

Attach a copy of the expenditure report that list the items and amounts expended for medical costs. If there is a medical contract with another agency to provide routine medical care for the jail facility, submit a copy of the contract. Ensure that the contractor provides an expenditure report classifying routine and non-routine medical services as defined in this Manual.

If medical costs were allocated, be sure to include all worksheets showing the basis for the allocation, the actual percentages used, and the dollar amount. Attach a copy of the expenditure reports even if the costs were allocated. Identify any attachments as a footnote on the worksheets.

# 4. Line 5

**Equipment Purchases** - If equipment purchases were listed separately from services and supplies, follow the same requirements as for services and supplies above. Identify any attachments as a footnote on the worksheet. Equipment defined as capital assets by the county/city's capitalization policy are unallowable and should be excluded entirely from the DJR calculation. Include a copy of the capitalization policy and a complete description of each capital asset, including the cost.

# 5. Lines 6 - 9

Other Direct Costs - List any other direct costs separately and explain them in a footnote. Include only costs directly attributed to the jail facility(ies).

If other direct costs were allocated, be sure to include all worksheets showing the basis for the allocation, the actual percentages used, and the dollar amount. Attach a copy of the expenditure reports even if the costs were allocated. Identify any attachments as a footnote on the worksheets.



# **NOTE:**

Do not include any costs charged to Administration in this line item. Administration costs are considered to be part of the Indirect Costs.

#### **B.** Line 10

Total Direct Costs - Enter the sum of the costs from lines 2-9.

# C. Lines 12 - 17

<u>Less: Unallowable Direct Costs</u> - List any unallowable direct costs that are included in Direct Costs (e.g., booking <u>costs</u> (not booking revenue), non-routine medical costs, home detention programs, work furlough, radio service outside the jail facility (ies), cell phone costs, etc.).

# **D.** Line 18

Total Unallowable Direct Costs - Add together lines 12-17.

# **E.** Line 19

Allowable Direct Costs - Subtract line 18 from line 10.

# **F.** Line 20

Or Other Basis - If the city or county uses another method to determine Allowable Direct Costs, a detailed explanation and documentation must be provided. Identify any attachments as a footnote on the worksheet.

# **G.** Line 21:

<u>Indirect costs</u> (overhead) pertaining to detention operations shall exclude unallowable cost factors noted in Chapter II, Section D, Allowable and Unallowable Costs.

Costs that may be included in this line item are:

1. Costs approved for use in the <u>FY 2009/10</u> ICRP or COWCAP.

To include the ICRP or COWCAP in the Indirect Cost calculation, subtract building and equipment use costs and include any roll forward amount. Unless unallowable under PC §4016.5, other costs included in the ICRP or COWCAP are acceptable Indirect Costs and must be allocated appropriately to each cost center.

2. Any departmental, divisional or other <u>allowable</u> indirect detention costs (overhead) as defined in this DJR Manual, including salaries and benefits and services and supplies, less any applicable revenues or reimbursements.

For additional information regarding unallowable indirect costs within a city or county cost plan, see Sections 2430-2440 of the <u>Handbook of Cost Plan Procedures for California Counties</u>, SCO. Please note that all costs must be consistent with the requirements of PC §4016.5.

All indirect costs must be allocated based on the percentages that each cost center benefits from the indirect costs. The cost proposal must include all worksheets detailing the basis for the allocation (salaries and benefits, etc.), actual percentages used, and dollar amounts. A copy of the expenditure reports is required in all cases and regardless of methodology. Please footnote and/or cross-reference all figures from source documentation to the computation.

# H. Line 22

<u>Allow Dir/Total Dir</u> - This percentage is obtained by dividing the allowable direct costs by the total direct costs. Divide the amount on line 19 by the amount on line 10: enter the result on line 22 as a percentage with two decimal places.

# I. Line 23

Allowable Indirect Costs - Multiply the value on line 21 by the percentage on line 22.

# J. Line 24

<u>Total Expenditures</u> - This is the total FY 2009/10 program expenditures. Add lines 19 and 23 or lines 20 and 23.

# K. Line 26 - 30

<u>Less: Offsetting Reimbursements and Applicable Credits</u> - Costs already reimbursed or funded from Federal or State government or other sources, cannot be reimbursed again under PC §4016.5 or WIC §1776. <u>Dual funding is not allowable</u>. (See exception, Chapter II, Page 14)

#### L. Line 31

<u>Total: Offsetting Reimbursements and Applicable Credits</u> - Add together values from lines 26-30.

### M. Line 32

<u>Allowable Costs</u> - This is the total allowable FY 2009/10 program expenditures; subtract line 31 from 24.

# PROJECTED EXPENDITURES FOR FY 2011/12 (Reported Costs):

# N. Line 33

Allowable Costs (FY 2009/10) - The value amount on line 32 is carried forward.

# O. Line 34

<u>Estimated 2-Year % Cost Increase/Decrease</u> – This estimate is required as actual expenditures from two FYs ago are being used to project expenditures for FY 2011/12.

The types of costs used to calculate the two-year percentage cost increase/decrease **must** be the same types of costs used to calculate the DJR in order to avoid excessive retroactive adjustments. (See Chapter II, Section D, Allowable and Unallowable Costs.) The method used must be reasonable and supported by documentation that includes an explanation describing how the two-year percentage cost increase/decrease was determined. Report the percentage with two decimal places.

The CDCR requires using either Formula 1 or 2 below as these costs have been approved by CDCR as DJR costs, and therefore will result in an estimate that produces a projected DJR that is not subject to an inflated adjustment.

- 1. Allowable costs from Line 32 of the approved FY 2009/10 DJR Computation Form divided by allowable costs from Line 32 of the approved FY 2008/09 DJR Computation Form, less 1, and then multiplied by 2.
- 2. Allowable costs from Line 32 of the approved FY 2009/10 DJR Computation Form divided by allowable costs from Line 32 of the approved FY 2007/08 DJR Computation Form, less 1.

If the County elected the carry forward option for FY 2009/10, no approved DJR is on file, therefore the County is required to use either formula 3 or 4 below.

- 3. Allowable approved budgeted costs for FY 2010/11 divided by actual costs for FY 2009/10, less 1, and then multiplied by 2.
- 4. Allowable approved budgeted costs for FY 2010/11 divided by actual costs for FY 2008/09, less 1.

# P. Line 35

<u>Amount of Estimated 2-Year Increase/Decrease</u> - Multiply the amount on line 33 by the percentage on line 34.

# **Q.** Line 36

<u>Total Allowable Costs for FY 2011/12 Rate Computation</u> - Add lines 33 and line 35.

# PROJECTED EXPENDITURES FOR FY 2011/12 (Requested):

# **R.** Line 37

<u>Reported Average Daily Jail Population</u> - The ADP is determined by the <u>actual</u> number of inmates occupying the jail beds, not a range or occupancy level but rather a statistic. Attach a copy of the monthly ADP for FY 2009/10 for the jail facility or a copy of the official city or county document where this population figure appears. <u>Report the ADP with two decimal places.</u>

# **S.** Line 38

Calendar Days - Enter the total number of days in FY 2011/12: 366.

#### **T.** Line 39

<u>Total Projected Jail Population</u> - Multiply value on line 37 by the value on line 38.

## **U.** Line 40

Estimated 2 Year % Population Increase/Decrease - Enter the estimated percentage increased/decreased jail population for FY 2011/12. Provide worksheets and source documentation substantiating the expected jail population for FY 2011/12. A zero population growth must be accompanied by a court order reducing the jail population. The method used must be reasonable and carefully calculated in order to avoid material fluctuations in the DJRs from year to year. Report this percentage with two decimal places.

# Proposed formulas:

1. 2009/10 ADP minus 2007/08 ADP equals \_\_\_\_ divided by 2007/08 ADP.

Example:

	FY 2009/10 ADP	(1)
_	FY 2007/08 ADP	(2)
=	Change	(1) - (2) = (3)
%	Population Increase/Decrease	(3) / (2)
	_	

2. Average increase/decrease over past five years.

Example:

FY	2005/06	2006/07	2007/08	2008/09	2009/10
ADP	1,417	1,479	1,586	1,474	1,110
		-1,417	-1,479	-1,586	-1,474
Change		62	107	-112	-364
Increase/Decrease		4.38%	7.23%	-7.06%	-24.69%
Average Increase/Decrease (-20.14% divided by 4)				-5.04%	
Multiply by 2 for two-year estimate				-10.08%	

The OACC recommends using the more conservative estimate that best reflects the ADP trend in the facility in order to avoid large fluctuations in the rate paid.

# V. Line 41

<u>Estimated FY 2011/12 Jail Population</u> - Multiply the value on line 39 by the percentage on line 40, and then add the result to the amount shown on line 39.

# **W.** Line 42

<u>Daily Jail Rate (FY 2011/12)</u> - Divide value on line 36 by the value on line 41.



**NOTE:** The maximum per day reimbursement for detention costs as established annually in the Budget Act.

# FISCAL YEAR 2011/12

# DAILY JAIL RATE COMPUTATION

COUNTY/JAIL NAME		Prepared By:	
	ACTUAL EXPENSE FOR: FY 2009/10	REPORTED COSTS	REFERENCE
1	DIRECT COSTS: (Allowable and Unallowable)		
	Wages and Benefits		
	Services and Supplies		
4	Medical Costs (Routine and Non-Routine)		
	Equipment Purchases (Non-capitalized)		
6			
7			
8			
	T (IP) (C)		T-4-1 -f I in 2 4h h 0
10	Total Direct Costs		Total of Lines 2 through 9
11	LESS: Unallowable Direct Costs		
	Booking Costs		
	Non-Routine Medical Costs		
	Communication Costs (outside of the jail facility)		
	Home Detention		
	Work Furlough		
17			
18	Total Unallowable Direct Costs		Total of Lines 12 through 17
19	ALLOWABLE DIRECT COSTS		Line 10 less Line 18
	Or Other Basis		
21	INDIRECT COSTS		
	Allow Dig/Total Dig Equals The Allowable		
22	Allow Dir/Total Dir Equals The Allowable % of Indirect Costs	0/0	Line 19 divided by Line 10
	70 Of findirect Costs	/0	Ellie 17 divided by Ellie 10
23	ALLOWABLE INDIRECT COSTS		Line 21 multiplied by Line 22
24	TOTAL EXPENDITURES		Line 19 plus Line 23 or Line 20 plus Line 23
	LESS:		
25	Offsetting Reimbursements & Applicable Credits		
26	STC		
27	POST		
	Transportation		
	Morrissey		
	Inmate Medical Co-pay		
	TOTAL:		Total of Lines 26 through 20
	Offsetting Reimbursements & Applicable Credits		Total of Lines 26 through 30 Line 24 less Line 31
32	ALLOWABLE COSTS		Line 24 less Line 31

# FISCAL YEAR 2011/12

# DAILY JAIL RATE COMPUTATION

COUNTY/JAIL NAME	Prepared By:
PROJECTED EXPENDITURES FOR: FY 2011/12	REPORTED COSTS REFERENCE
33 Allowable Costs (FY 2009/10)	From Line 32 on Page 1
34 Estimated 2 Year % Cost Increase/Decrease	% See DJR Manual, Chapter III
35 Amount of Estimated 2 Year Increase/Decrease	Line 33 multiplied by Line 34
TOTAL ALLOWABLE COSTS	
FOR FY 2011/12 RATE COMPUTATION	Line 33 plus Line 35
FISCAL YEAR 2011/12	
37 Reported Average Daily Jail Population (FY 2009/10)	Requested See DJR Manual, Chapter III
<b>38</b> Calendar Days (FY 2011/12)	366
<b>39</b> Total Projected Jail Population (FY 2011/12)	Line 37 multiplied by Line 38
40 Estimated 2 Year % Population Increase/Decrease	% See DJR Manual, Chapter III
<b>41</b> Estimated FY 2011/12 Population	(Line 39 x Line 40) + Line 39
<b>42</b> DAILY JAIL RATE (FY 2011/12)	Do Not Exceed Line 36 divided by Line 41 Cap

# IV. <u>INSTRUCTIONS FOR COMPLETING THE PRIOR RATE ESTIMATE</u> ADJUSTMENT SCHEDULE FY 2011/12(A)

As in prior years, the city or county may use the Prior Rate Adjustment Schedule to adjust the reimbursements received for detention costs for FY 2009/10.

If the city or county was overpaid, the CDCR will deduct overpayment amounts from invoices submitted during FY 2011/12, until such time that the CDCR has affected full recovery. If the city or county was underpaid, the city or county may submit CDCR 2131-B, Consolidated Amended Invoice Parolee/Inmate Detention (see Appendix IX, Blank Forms), with the corrected DJR rate for FY 2009/10 as calculated below:

# PRIOR RATE ESTIMATE ADJUSTMENT: (Reported Amount)

#### A. Line 1

<u>Total Allowable Costs for Fiscal Year (FY) 2009/10</u> - Enter the value on line 33 of the DJR Computation Schedule for FY 2011/12.

#### B. Line 2

<u>Average Daily Population in FY 2009/10</u> - Enter the value on line 37 of the DJR Computation Schedule for FY 2011/12.

#### C. Line 3

Total Calendar Days in FY 2009/10 - Enter the total number of days in FY 2009/10: 365.

## D. Line 4

<u>Total Actual Inmate Days in FY 2009/10</u> - Multiply the value on line 2 by the value on line 3 and enter the amount.

# E. Line 5

<u>Corrected DJR Rate approved for FY 2009/10</u> - Divide the value on line 1 by the value on line 4 above.

## F. Line 6

<u>Daily Jail Rate approved for this facility for use in FY 2009/10</u> - Enter the DJR approved by CDCR for FY 2009/10 as shown on line 42 of the approved DJR Computation Schedule for FY 2009/10.

# G. Line 7

Difference - Subtract the value of line 5 above from the value of line 6 above.

If the DJR on Line 5 is under the \$77.17 cap (effective through June 30, 2010), and is less than Line 6, the city or county was overpaid for FY 2009/10 invoices. CDCR will collect the overpayment from future invoices.

If the DJR on Line 5 is under the cap, and is greater than Line 6, the city or county was underpaid for FY 2009/10 invoices. Use CDCR 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention, and invoice CDCR for the difference.

If the DJR on Line 5 is the capped rate or more, and Line 6 is less than the capped rate, the city or county was underpaid for FY 2009/10 invoices. Use CDCR 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention, and invoice CDCR for the difference. Underpayment will be based on the difference between the cap and Line 6.

If the DJR on Line 5 is the capped rate or more, and Line 6 is equal to the cap, there will be no adjustments made. The cap of \$77.17 placed on DJR rates, as established by the Budget Act of 2007, remains in effect for services provided through June 30, 2010.

# FISCAL YEAR 2011/12

# DAILY JAIL RATE COMPUTATION

COUNTY/JAIL NAME			Prepared By:	
	PRIOR RATE ESTIMATE ADJUSTMENT		Schedule 2011/12 A	
	DESCRIPTION OF ITEM	REPORTED	DEFEDENCE	
	DESCRIPTION OF ITEM	AMOUNT	REFERENCE	
1	TOTAL ALLOWABLE COSTS FOR FISCALYEAR (FY) 2009/10		From Line 33 of DJR Computation Schedule for FY 2011/12	
2	AVERAGE DAILY POPULATION IN FY 2009/10		From Line 37 of DJR Computation Schedule for FY 2011/12	
3	TOTAL CALENDAR DAYS IN FY 2009/10	365		
4	TOTAL ACTUAL INMATE DAYS IN FY 2009/10		Line 2 x Line 3	
5	CORRECTED DJR FOR FY 2009/10	Subject to \$77.17 cap	Line 1 Divided by Line 4	
6	DAILY JAIL RATE APPROVED FOR THIS FACILITY FOR USE IN FY 2009/10	Subject to \$77.17 cap	From Line 42 of CDCR's Approved DJR Computation Schedule for FY 2009/10	
7	DIFFERENCE		Line 5 less Line 6	
	ICA DID II 5: 1 000 10 1:1 1 II	.1	:16 EX 2000 (10: : CD CD	

If the DJR on Line 5 is under \$77.17, and is less than Line 6, the county/city was overpaid for FY 2009/10 invoices. CDCR will collect the overpayment from future invoices.

If the DJR on Line 5 is under \$77.17, and is greater than Line 6, the county/city was underpaid for FY 2009/10 invoices. Use CDCR 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention and invoice CDCR for the difference.

If the DJR on Line 5 is \$77.17 or more, and Line 6 is less than \$77.17, the city or county was underpaid for FY 2009/10 invoices. Use CDCR 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention and invoice CDCR for the difference. Underpayment will be based on the difference between \$77.17 and Line 6.

If the DJR on Line 5 is \$77.17 or more, and Line 6 is equal to \$77.17, there will be no adjustments made. The cap of \$77.17 maximum as established by the Budget Act remains in effect for services provided through June 30, 2010.

# FISCAL YEAR 2011/12

# DAILY JAIL RATE COMPUTATION

	Prepared By:		
Explanations of Adjustments:			

# V. PAROLE REVOCATION HEARING RATE

# A. PAROLE REVOCATION HEARING RATE

Parole revocation hearings are an administrative process during which the parole agent presents to the BPH all known facts regarding a violation of parole, a description of a parolee's conduct while on parole and a recommendation appropriate to the case. Adverse/friendly witnesses and the supervising parole agent take testimony in the parolee's presence. The BPH makes the determination whether parole should be revoked.

The Parole Revocation Hearing is inclusive of "Morrissey" and "Valdivia" processes. The "Valdivia" court order, or "Valdivia Remedial Plan," requires that the BPH develop and implement specific policies and procedures as part of the overall revocation process to ensure continuous compliance with all requirements of the court order. Local jurisdictions should incorporate all costs for accommodating the revocation processes into the PRHR Proposal submitted to the OACC for approval. The billing rate may include, but is not limited to, the cost of security services provided and hearing room charges, including a provision for electrical power, gas, water, telephone, DSL connectivity, refuse collection, etc., and transportation costs. Billings will be computed on a per hearing basis. Charges for security services should be predicated on the average hourly wage for a deputy sheriff (security personnel). In the event security staff is provided at parole revocation hearings on an overtime basis, the overtime rate should not reflect the cost of staff benefits.

# B. ANNUAL HEARING RATE PROPOSAL

The PRHR Proposal must be submitted annually and shall include cost detail from the last completed FY; i.e., the PRHR Proposal for FY 2011/12 is based on actual costs for FY 2010/11. The methodology for the annual PRHR Proposal is intended to facilitate the use of data for a complete accounting cycle.

The FY 2011/12 PRHR Proposals are due to the OACC between September 1, 2011 and January 1, 2012.

Supporting documentation for claimed expenditures must accompany all PRHR Proposals. In the absence of complete documentation, the PRHR Proposal will be denied by the OACC pending receipt of additional documentation.

ANNUAL PAROLE REVOCATION HEARING RATE PROPOSAL			
EVENT	ACTION REQUIRED	DUE	
Increase/decrease in salaries and benefits	Hearing Rate Cost package	January 1, 2012	
of deputy sheriff (security personnel)	submittal		
and/or other applicable hearing room and			
utility costs.			
Extension needed to submit hearing rate	Request for extension	January 1, 2012	
package.			

# 1. REQUEST FOR EXTENSION

A city's or county's request to extend the January deadline must be in writing and received by the OACC no later than January 1, 2011. All requests for a time extension shall state the reason(s) for said time extension and anticipated completion date for the hearing rate proposal. A determination whether to grant the time extension shall be at the sole discretion of the OACC.

# C. PAROLE REVOCATION HEARING RATE COST PACKAGE REQUIREMENTS

Include the following in the PRHR Cost Package:

- 1. A copy of the applicable FY pay scale, or any other forms of verification of the salary used, listing the annual salary of the deputy sheriff (security personnel).
- 2. A copy of the applicable portion of the MOU or contract between the city or county and union that lists the employee benefits for the deputy sheriff.
- 3. A copy of the expenditure report that lists the applicable utility charges used in the PRHR calculation.
- 4. A copy of the expenditure report itemizing costs associated with the hearing process.
- 5. A copy of the expenditure report that lists applicable transportation charges used in the PRHR calculation.
- 6. A copy of the actual records kept for all hearings for FY 2010/11 to calculate the average length of a hearing.
- 7. An explanation of the methodology in calculating the average time to escort an inmate to and from the hearing.
- 8. All work papers documenting and cross-referencing the PRHR calculation.

# D. PAROLE REVOCATION HEARING RATE FORMULA

To determine the hearing rate, multiply the hourly rate by the average duration of a hearing. The average time per hearing must be based on actual records kept for each hearing for FY 2010/11. The records should specify the parolee, and length and location of the hearing. Include the supporting records when submitting the proposed rate.

The county may determine the average amount of security time used to escort an inmate from their cell to the hearing room and back. This time would be added to the hearing rate time. Provide an explanation of methodology used to calculate this time.

All applicable costs associated with accommodating the revocation process should be included in the PRHR Proposal and must be supported with adequate documentation and clearly footnoted and cross-referenced for verification by the OACC.

#### Ε. PAROLE REVOCATION HEARING RATE CLAIM SUBMITTAL

Claims for reimbursement of security services and facilities provided for the conduct of parole revocation hearings by the BPH shall be prepared by the responsible agency at the local level (i.e. county fiscal office, Sheriffs' office, etc.) in the format prescribed by the CDCR. (See Chapter VI, Claims Processing, for specific instructions.)

### Additionally,

- 1. Revocation hearing invoices shall include charges for a single month.
- 2. The local agency shall submit revocation hearing invoices on required forms (see reference above), or if computer produced, in the format required by the CDCR, including the name, title, address and phone number of the person preparing the invoice.
- 3. The local agency must submit claims for revocation hearing services within six months after the end of the month in which the costs were incurred.
- 4. The local agency shall send all revocation hearing invoices in triplicate directly to the appropriate DAPO Regional Headquarters Office (see Section VI, C, CDCR Claims Processing, Claims Submittal).

#### F. RELATIONSHIP BETWEEN THE PAROLE REVOCATION HEARING RATE AND THE DAILY JAIL RATE

Reimbursement for parole revocation hearings should be reported in the "Offsetting Reimbursement" section of the DJR Computation Schedule. Include a copy of the revenue report or general ledger that indicates the total amount received for the parole revocation hearing reimbursements within the applicable FY. (Do not include anticipated revenue for amounts billed CDCR but not yet paid.)



The DJR computation schedule reports actual direct costs, indirect costs and offsetting reimbursements from two years prior; therefore, the offsetting PRHR revenues received from FY 2009/10 need to be claimed on the FY 2011/12 DJR Computation Schedule.

# VI. COMPLETING THE PRHR COMPUTATION FORM



# NOTE:

- **Documentation** supporting reimbursement must adhere to GAAP as outlined by the American Institute of Certified Public Accountants.
- **Reference** specific exhibit, attachment, or note on the PRHR computation form that supports each line item indicated on the computation form.
- **Identify** combinations of object codes from support documents that make up a line item on the computation form.
- **Include** all applicable source documents; i.e., expenditure reports, budget reports, etc.
- **Verify** with the checklist to ensure all necessary supporting documentation is enclosed with your PRHR computation form. **Include** any spreadsheets explaining the basis of the costs.
- Support documents should be copied to letter size (8 1/2 x 11) paper when possible.
- Cross-reference support work papers to source documents.

#### RATE BASED ON REGULAR WAGES WITH BENEFITS

#### **ACTUAL EXPENDITURES FOR FY 2010/11 (Reported Costs):**

### A. <u>Line 1</u>

<u>Average Hourly Deputy Sheriff Wage (Security Cost)</u> – Use the FY 2010/11 actual costs for the deputy sheriff (security personnel) wages to determine the average hourly wage.

If the employment benefit package for the deputy sheriff includes vacation and other paid leave days, apply the following formula for determining the average hourly wage:

Deputy Sheriff annual salary (1 + benefit percentage)

- ÷ (8 hours/day x number of working days for applicable period (366 less weekends))
- = Average hourly wage

If the employment benefit package for the deputy sheriff excludes vacation and other paid leave days, apply the following formula for determining the average hourly wage:

Deputy Sheriff annual salary (1 + benefit percentage)

- $\div$  (8 hours/day x number of working days for applicable period (366 less weekends, vacation and other leave days))
- = Average hourly wage

#### Attach:

- a. A copy of the pay scale or other forms of verification of salary used, listing the annual salary.
- b. A copy of applicable portion of the MOU or contract between county and union.

#### B. Line 2

<u>Utility Costs for Hearing Room</u> – As in the DJR computation, the facility use costs are unallowable. However the utility costs for the room can be reimbursed.

As in the DJR computation, facility use costs are unallowable. However, utility costs for the hearing room can be reimbursed. Determine the utilities cost rate by applying the following formula:

- a. Use the utility costs for the custody facilities derived from the last completed FY expenditure reports (include the service of electric power, gas, water, telephone, DSL connectivity, refuse collection, etc.).
- b. Divide the utility cost amount used above by the total amount of the FY custody salaries and benefits.
- c. Multiply the resulting percentage in (b) above by the average hourly wage for security staff. The result is the utility cost per hour.

Attach a copy of the expenditure report that lists the applicable utility charges.

#### C. Line 3

<u>Transportation Costs</u> – These costs must be directly attributed to the actual transportation of the inmates involved in the hearing process.

The county may bill for the actual allowable costs for transporting an inmate from one location to the hearing site and back. These costs must be substantiated and directly attributed to the actual transportation of the inmates involved in the hearing process. Determine the transportation cost rate by applying the following formula:

- a. Use the transportation costs for the custody facility (as in the DJR capture only the allowable transportation costs, such as vehicle maintenance).
- b. Divide the transportation cost amount used above by the total amount of the FY custody salaries and benefits.
- c. Multiply the resulting percentage in (b) above by the average hourly wage for security staff. The result is the transportation cost per hour.

Attach a copy of the expenditure report that lists applicable transportation charges.

#### D. Line 4

Total Applicable Hourly Hearing Costs – Add together lines 1-3.

#### E. Line 5

<u>Total Applicable Hourly Hearing Costs</u> – Automatically populates from line 4.

#### F. Line 6

Divided by 60 Minutes – Fixed cell that represents 60 minutes.

#### G. Line 7

<u>Total Cost Per Minute</u> - Automatically divides line 5 by line 6 to determine a cost per minute hearing cost.

#### H. Line 8

<u>Average Duration of Hearing</u> – The average time per hearing must be based on actual records kept for each hearing for the FY 2009/10.

Attach supporting records for the hearing to include the parolee, length and location of the hearing.

#### I. Line 9

<u>Security Time to Escort Inmate To and From Hearing</u> – If applicable, the additional security cost associated with escorting an inmate from their cell to the hearing room and back, may be added to the average length of the hearing.

Provide an explanation of the methodology used to calculate the additional security cost to escort the inmate.

#### J. Line 10

<u>Total Duration of Hearing in Minutes</u> – Add together lines 8-9

### **K.** Line 11

<u>Total Hearing Rate</u> – automatically multiplies line 7 x line 10 to determine the Total Hearing Rate.

#### RATE BASED ON OVERTIME WAGES WITHOUT BENEFITS

#### **ACTUAL EXPENDITURES FOR FY 2010/11 (Reported Costs):**

### L. Line 1

<u>Average Hourly Deputy Sheriff Overtime Wage (Security Cost)</u> – Use the FY 2010/11 actual costs for the deputy sheriff (security personnel) wages to determine the average hourly wage, less the cost of staff benefits.

If the employment benefit package for the deputy sheriff includes vacation and other paid leave days, apply the following formula for determining the average hourly wage:

Deputy Sheriff annual salary (1 + benefit percentage)

- ÷ (8 hours/day x number of working days for applicable period (366 less weekends))
- = Average hourly wage

If the employment benefit package for the deputy sheriff excludes vacation and other paid leave days, apply the following formula for determining the average hourly wage:

Deputy Sheriff annual salary (1 + benefit percentage)

- ÷ (8 hours/day x number of working days for applicable period (366 less weekends, vacation and other leave days))
- = Average hourly wage

#### Attach:

- a. A copy of the pay scale or other forms of verification of salary used, listing the annual salary.
- b. A copy of applicable portion of the MOU or contract between county and union.

#### M. Line 2

<u>Utility Costs for Hearing Room</u> – As in the DJR computation, the facility use costs are unallowable. However the utility costs for the room can be reimbursed.

As in the DJR computation, facility use costs are unallowable. However, utility costs for the hearing room can be reimbursed. Determine the utilities cost rate by applying the following formula:

- a. Use the utility costs for the custody facilities derived from the last completed FY expenditure reports (include the service of electric power, gas, water, telephone, DSL connectivity, refuse collection, etc.).
- b. Divide the utility cost amount used above by the total amount of the FY custody salaries and benefits.
- c. Multiply the resulting percentage in (b) above by the average hourly wage for security staff. The result is the utility cost per hour.

Attach a copy of the expenditure report that lists the applicable utility charges.

#### N. Line 3

<u>Transportation Costs</u> – These costs must be directly attributed to the actual transportation of the inmates involved in the hearing process.

The county may bill for the actual allowable costs for transporting an inmate from one location to the hearing site and back. These costs must be substantiated and directly attributed to the actual transportation of the inmates involved in the hearing process. Determine the transportation cost rate by applying the following formula:

- a. Use the transportation costs for the custody facility (as in the DJR capture only the allowable transportation costs, such as vehicle maintenance).
- b. Divide the transportation cost amount used above by the total amount of the FY custody salaries and benefits.
- c. Multiply the resulting percentage in (b) above by the average hourly wage for security staff. The result is the transportation cost per hour.

Attach a copy of the expenditure report that lists applicable transportation charges.

#### O. Line 4

<u>Total Applicable Overtime Hourly Hearing Costs</u> – Add together lines 1-3.

#### P. Line 5

<u>Total Applicable Hourly Hearing Costs</u> – Automatically populates from line 4.

### Q. Line 6

<u>Divided by 60 Minutes</u> – Fixed cell that represents 60 minutes.

#### R. Line 7

<u>Total Cost Per Minute</u> - Automatically divides line 5 by line 6 to determine a cost per minute hearing cost.

#### S. Line 8

<u>Average Duration of Hearing</u> – The average time per hearing must be based on actual records kept for each hearing for the FY 2010/11.

Attach supporting records for the hearing to include the parolee, length and location of the hearing.

#### T. Line 9

<u>Average Security Time to Escort Inmate To and From Hearing</u> – If applicable, the additional security cost associated with escorting an inmate from their cell to the hearing room and back, may be added to the average length of the hearing.

Provide an explanation of the methodology used to calculate the additional security cost to escort the inmate.

#### **U.** Line 10

<u>Total Duration of Hearing (in minutes)</u> – Add together lines 8-9.

#### **V.** Line 11

<u>Total Hearing Rate</u> – automatically multiplies line 7 x line 10 to determine the Total Hearing Rate.

# PAROLE REVOCATION HEARING RATE

# **RATE BASED ON REGULAR WAGES WITH BENEFITS**

COUNTY/JAIL NAME			Prepared By:	
ACTUAL EXPENSE FOR: FY 2010/11			DO NOT ENTER DATA INTO	O SHADED
		REPORTED COSTS	REFERENCE	
1 2 3	APPLICABLE HEARING COSTS  Average Hourly Deputy Sheriff Wage Utility Costs for Hearing Room Transportation Costs	\$0.00 \$0.00 \$0.00		
4	Total Applicable Hourly Hearing Costs	\$0.00		
5	HEARING COSTS PER MINUTE  Total Applicable Hourly Hearing Costs  Divided by 60 Minutes	\$0.00 60		
7	Total Cost Per Minute	\$0.00		
8 9	TOTAL DURATION OF HEARING (IN MINUTES)  Average Duration of Hearing Average Security Time to Escort Inmate To and From Hearing  Total Duration of Hearing in Minutes	0 0		
11	TOTAL HEARING RATE	\$0.00	(Line 7 x Line 10)	
		, ,		

# PAROLE REVOCATION HEARING RATE

COUNTY/JAIL NAME		Prepared By:			
Explanations of Adjustments/References:					

#### PAROLE REVOCATION HEARING RATE

# RATE BASED ON OVERTIME WAGES WITHOUT BENEFITS

COUNTY/JAIL NAME			Prepared By:	
ACTUAL EXPENSE FOR: FY 2010/11			DO NOT ENTER DATA IN AREAS	ITO SHADED
		REPORTED COSTS	REFERENCE	
	APPLICABLE HEARING COSTS			
1	Average Hourly Deputy Sheriff Overtime Wage	\$0.00		
2	Utility Costs for Hearing Room	\$0.00		
3	Transportation Costs	\$0.00		
	Transportation Goods	ψ0.00		
4	Total Applicable Overtime Hourly Hearing Costs	\$0.00		
· -		¥		
	HEARING COSTS PER MINUTE			
5	Total Applicable Hourly Hearing Costs	\$0.00		
6	Divided by 60 Minutes	60		
	•			
7	Total Cost Per Minute	\$0.00		
	TOTAL DURATION OF HEARING			
8	Average Duration of Hearing	0		
	Average Security Time to Escort Inmate			
9	То	0		
	and From Hearing			
10	Total Duration of Hearing	0		
10	Total Daration of Hearing	0		
11	11 TOTAL HEARING RATE		(Line 7 x Line 10)	
-		\$0.00	,	

# PAROLE REVOCATION HEARING RATE

COUNTY/JAIL NAME		Prepared By:		
Explanations of	Explanations of Adjustments/References:			
Explanations	r Aujustinents/Kererenees.			

# VII. CDCR CLAIMS PROCESSING

# A. AUTHORITY

Under PC §4016.5 and WIC §1776, the State shall pay the cities or counties for costs incurred resulting from the detention of State parolees or wards on a monthly basis until the appropriation is expended.

If the budget appropriations for PC §4016.5 and WIC §1776 become inadequate during the current FY, invoices will be held until a new or increased appropriation is approved. At such time, approved claims will be scheduled for payment in the chronological order received, with the most current approved claims taking precedence. Delays in the reimbursement of invoices may occur if the latest approved DJR has not been updated for the current FY.

#### **B.** LIMITATIONS

Claims for reimbursement must be submitted monthly to CDCR by the city or county within 45 days of the month in which the services are provided and no later than six months after the end of the month in which the costs are incurred. Failure to submit claims within the six months specified in the Governor's Budget Act shall nullify the obligation of the State to be financially responsible for the cost of housing any parolee in local custody.

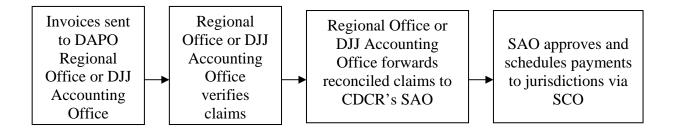
Amended invoices for retroactive rate adjustments to original claims are exempt from this six months' limitation when resulting from a CDCR initiated audit or an annual DJR Proposal submitted to the CDCR's OACC by the March 1<sup>st</sup> deadline. However, upon issuance of a final CDCR initiated audit or OACC notification of an approved DJR, amended invoices for retroactive rate adjustments to original claims must be submitted within six months of the issuance date.

The State will not compensate the city or county for the cost of housing parolees/inmates, including medical cases, beyond the scheduled day of transport who are <u>confirmed</u> by the city or county as "ready to transport" and unavailable on the scheduled day, unless such delays are beyond control of the city or county.

#### C. CLAIM SUBMITTAL

Claims for services provided to the CDCR DAPO or the DJJ shall be submitted **monthly in triplicate**, to the appropriate DAPO Regional Office or camp administrator (see Regional information following) or DJJ Accounting Office, using the applicable invoice and Register of Participation forms found in this manual.

The Regional Office will review all claims to verify that charges relate only to CDCR parolees. Any questions shall be directed to the submitting city or county for resolution. After the Regional Office reconciles the claims, they will be forwarded to CDCR SAO to verify compliance with applicable policy and procedure and schedule payment by the SCO.



For each LAP and Detention Program, submit a separate invoice and a Register of Participation form per month clearly identifying each program. (A monthly invoice may not include charges for detention for the preceding month even if the detention was continuous to the current month.)

Claims submitted with incomplete or missing information (i.e., missing parolee/inmate identification number) will be returned for proper completion and will have to be resubmitted.

A computer produced "print-out" of monthly invoices and/or the Register of Participation consistent with the procedures in this manual is acceptable and encouraged. Any modification to the prescribed monthly invoice format for implementation of a computerized billing system requires **prior approval** from the SAO.

Refer all inquiries regarding payment for DAPO and DJJ invoices to:

California Department of Corrections and Rehabilitation Sacramento Accounting Office PO Box 187018 Sacramento, CA 95818-7018 Phone: (916) 255-5550

Claims described in this section shall be submitted by the city or county to the CDCR DAPO or DJJ on a monthly basis within 45 days of the month in which the services are provided.

Monthly submittal of invoices is encouraged in order to facilitate timely reimbursement of claims, and to assist the CDCR when requesting funding for LAPs.

	DAPO CLAIM SUBMITTAL		
WHEN	❖ Submit monthly within 45 days of the month in which the		
	services are provided.		
HOW	❖ In triplicate, per month, per program, accompanied by Form CDCR 2129Register of Participation: Parole Hold and		
	Detention Programs.		
	❖ Billing rate used must be the last <b>approved</b> rate on file.		
	❖ Do not include the last day the State parolee/inmate was in custody.		
WHERE	❖ Invoices must be sent to appropriate DAPO Regional Office.		
	(See Region information following.)		

#### 1. DAPO REGION I

Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Fresno, Glenn, Inyo, Kern, Kings, Lassen, Madera, Mariposa, Merced, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, and Yuba counties:

Send invoices to: California Department of Corrections and Rehabilitation

Division of Adult Parole Operations

9825 Goethe Road, Suite 200 Sacramento, CA 95827-2572

Phone: (916) 255-2758 Fax: (916) 255-2754

#### 2. <u>DAPO REGION II</u>

Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Monterey, Napa, San Benito, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, and Ventura counties:

Send invoices to: California Department of Corrections and Rehabilitation

Division of Adult Parole Operations

1515 Clay Street, Tenth Floor

Oakland, CA 94612 Phone: (510) 622-4738 Fax: (510) 622-4777

#### 3. DAPO REGION III

Los Angeles County

Send invoices to: California Department of Corrections and Rehabilitation

Division of Adult Parole Operations

320 W. 4<sup>th</sup> Street, Suite 1000 Los Angeles, CA 90013-1105

Phone: (213) 576-6543 Fax: (213) 576-6534

#### 4. DAPO REGION IV

Imperial, Orange, Riverside, San Bernardino, and San Diego counties:

Send invoices to: California Department of Corrections and Rehabilitation

Division of Adult Parole Operations 21015 Pathfinder Road, Suite 200

Diamond Bar, CA 91765 Phone: (909) 468-2300 Fax: (909) 468-2337

# 5. <u>CAMPS</u>

The counties affected are those that incarcerate parolees from any of the following CDCR camps:

Conservation Camp Name	Conservation Camp Number	Camp Name	Camp Number
Acton	11	Malibu	13
Alder	20	McCain Valley	21
Antelope	25	Miramonte	5
Baseline	30	Mountain Home	10
Bautista	36	Norco	39
Ben Lomond	45	Oak Glen	35
Chamberlain Creek	17	Owens Valley	26
Cuesta	24	Parlin Fork	6
Deadwood	23	Pilot Rock	15
Delta	8	Prado	28
Devil's Garden	40	Puerta La Cruz	14
Eel River	31	Rainbow	2
Fenner Canyon	41	Salt Creek	7
Francisquito	4	Sugar Pine	9
Gabilan	38	Trinity River	3
Growlersburg	33	Vallecito	1
High Rock	32	Valley View	34
Holton (Mount Gleason)	16	Washington Ridge	44
Intermountain	22		
Ishi	18		
Julius Klein	19		
Konocti	27		

Send CDCR invoices in triplicate to the following applicable facility indicated by the camp:

Associate Warden, Camps	Associate Warden, Camps
California Correctional Center	Sierra Conservation Center
711-045 Center Road	5100 O'Byrnes Ferry Road
PO Box 790	PO Box 497
Susanville, CA 96127-0790	Jamestown, CA 95327
(530) 257-2181, Ext. 4470	(209) 984-5291
Fax: (530) 257-6508	Fax: (209) 984-3607

DJJ CLAIM SUBMITTAL		
WHEN	*	Submit monthly within 45 days of the month in which the services are provided.
HOW	*	In triplicate, per month, per program, accompanied by Form CDCR 2138 (DJJ 4.904) DJJ Detention Invoice & Participant Registration.
	*	Billing rate used must be the last <b>approved</b> rate on file.
	*	Do not include the last day the State ward was in custody.
WHERE	*	Invoices must be sent to DJJ Accounting Office.

#### D. BILLING RATE

The billing rate used for an invoice shall be the latest approved DJR for each city or county facility. An approved DJR, **for a new jail facility**, must be on file with the CDCR before the city or county can be reimbursed for holding parolees or wards in that new jail facility.

Since the State parolee or ward usually is in custody for only a part of the first day and a part of the last day, the city or county will be reimbursed for the first day **only**, and not the last.

Claims may continue to be submitted without an approved DJR for the new FY, beginning July 1<sup>st</sup> of each year.

Subject to the limitations as noted above, the city or county may submit invoices for payment of the current FY using the last approved DJR on file prior to receiving an approved current year DJR. Once the current year DJR is approved, the city or county should submit one consolidated amended invoice for all of the current FY invoices that have been paid at a lower prior year approved DJR. Use CDCR forms 2131-B and 2131-D, "Consolidated Amended Invoice," included in this manual. <a href="Manual-Amended Invoices for retroactive rate adjustments to original claims must be submitted within six months of the final report date of a CDCR initiated audit or OACC notification of an approved DJR."

If the approved current year DJR is less than the prior year DJR, the CDCR SAO will consolidate and amend the previously paid invoices and deduct the overpayment from any future invoices until the overpayment is collected.

#### E. INVOICE FORMS AND INSTRUCTIONS (SEE APPENDIX IX, BLANK FORMS)

#### I. DAPO FORM INSTRUCTIONS – MONTHLY INVOICES

	DAPO FORM INDEX		
FORM	TITLE	USE	
CDCR 2127	Monthly Invoice: Parole Hold and Detention Programs	Used to invoice for the LAP and Detention Program.	
CDCR 2128	Register of Participation: Parole Hold and Detention Programs	Must accompany all CDCR invoices, including those for Non-Routine Medical, to substantiate and verify the number of parolee or ward days for which costs are claimed.	
CDCR 2129	Monthly Invoice: Parole Revocation Hearings	Used to invoice for the parole revocation hearings.	
CDCR 2130	Register of Participation: Parole Revocation Hearing	Used to substantiate and verify claims for parole revocation hearings.	
CDCR 2131-B	Consolidated Amended Invoice: Parolee and Inmate Detention	Used to seek payment for prior FYs under-reimbursed DJRs.	
CDCR 2131-D	Consolidated Amended Invoice: Revocation Hearings	Used to seek payment for prior FYs under-reimbursed PRHRs.	
CDCR 2148	Monthly Invoice for Non-Routine Medical	Used to invoice for miscellaneous and non-routine medical services.	

# 1. CDCR 2127--MONTHLY INVOICE: PAROLE HOLD AND DETENTION PROGRAMS

Used for the LAP and Detention Program cases.

The invoice must clearly identify:

- a. The city or county address to where the State payment will be mailed;
- b. The jail/detention facility's name and address;
- c. The appropriate DAPO Regional or District Office;
- d. The total number of LAP and detention days combined (from the Register of Participation);
- e. The approved rate;
- f. The total amount requested (total number of participant days multiplied by the approved rate);
- g. The signature and title of the city or county representative;
- h. The date the invoice was signed by the city or county representative;
- i. The signature and title of the DAPO representative; and
- j. The date the invoice was signed by the DAPO representative.

# 2. CDCR 2128--REGISTER OF PARTICIPATION: PAROLE HOLD AND DETENTION PROGRAMS

Must be submitted with each CDCR invoice for the LAP or detention programs to substantiate and verify the number of parolee or ward days for which costs are claimed.

If a column does not apply to a participant, leave the column blank, otherwise include:

- a. <u>Booking Number</u>: Enter booking number assigned to parolee or ward by the city or county jail.
- b. <u>Name</u>: Enter the parolee or ward name. Using legal name as used by the CDCR, enter the last name then first name.
- c. <u>CDCR Identification Number</u>: Enter the CDCR identification number that the parolee received when he or she originally entered a State institution and which he or she retains while on parole. Do not leave blank.
- d. <u>Release or Continuation</u>: Enter "R" if the parolee or ward is being released from the program this month. Enter "C" if the parolee or ward is continuing in the program next month.
- e. <u>Date Hold Placed</u>: Enter the date the CDCR exercised its authority under PC § 3056 and detained a parolee in a city or county jail (LAP); or the date the CDCR placed the parolee in a city or county jail under the authority of PC § 830.5 (Detention). If the date of LAP or Detention started prior to the invoice period, enter the first date of the invoice period.

- f. <u>Date New Criminal Charges Begin</u>: Enter the date that new criminal charges were filed against the parolee.
- g. <u>Date New Criminal Charges End</u>: Enter the date the new criminal charges were dismissed, dropped, or the date the sentence resulting from the new charges was completed.
- h. <u>Number of Days on Criminal Charges</u>: Enter the difference between the date new criminal charges were filed and the date the charges were dismissed, dropped, or sentence completed. Include the first, but not the last, day the parolee was charged.

If the date new criminal charges were filed is prior to the invoice period, enter the difference between the first day of the invoice period and the date the charges were dropped, dismissed, or sentence completed.

If the charges have not been dismissed, dropped, or sentence completed during the invoice period, enter the difference between the date new criminal charges were filed and the last day of the invoice.



**NOTE:** When the parolee or ward is continuing in the program a "C" should be indicated in column four.

- i. <u>Date Hold Released</u>: Enter the date the CDCR withdrew its authority under PC §3056 and the parolee was released (LAP ends) or the date that he or she was released from PC §830.5 (Detention ends). If the LAP or Detention does not end during the invoice period, enter the first date of the next invoice period.
- j. <u>Number of Days on Hold</u>: Enter the difference between the date LAP or Detention started and the date LAP or Detention ended. Include the first, but not the last, day he or she was in the program.
- k. <u>Number of Chargeable LAP Days</u>: Enter the difference between the days on hold (LAP) or Detention and the days on new criminal charges.

#### 3. CDCR 2129--MONTHLY INVOICE: PAROLE REVOCATION HEARINGS

Used to invoice for parole revocation hearing reimbursements.

The invoice must clearly identify:

- a. The city or county address to where the State payment will be mailed;
- b. The facility's name and address where the hearings are held;
- c. The appropriate DAPO Regional or District Office;
- d. The month and year;
- e. The total number of hearings;
- f. The approved reimbursement rate;
- g. The total amount to be paid for hearings (the number of hearings multiplied by the approved reimbursement rate);
- h. The total amount of the monthly invoice;
- i. The signature and title of the city or county representative;
- j. The date the invoice was prepared by the city or county representative;
- k. The signature and title of the DAPO representative; and
- 1. The date the invoice was signed by the DAPO representative.

# 4. CDCR 2130-- REGISTER OF PARTICIPATION: PAROLE REVOCATION HEARING

Used to substantiate and verify claims for revocation hearing costs. Include the following:

- a. <u>Name</u>: Enter the legal proper name as used by the CDCR of the parolee for whom the revocation hearing was held.
- b. <u>CDCR Identification Number</u>: Enter the CDCR identification number that was assigned to the parolee when he or she originally entered a State institution. Do not leave blank.
- c. <u>Date of Hearing</u>: Enter the date that the hearing was held.
- d. Hours: Enter the number of hours that it took for each hearing.
- e. <u>Cumulative Number of Hearings</u>: Enter the number of hearings. Forward the cumulative total to the cover invoice, the rate is based on the cost per hearing.

#### 5. CDCR 2148-- MONTHLY INVOICE FOR NON-ROUTINE MEDICAL

Used when invoicing for miscellaneous and non-routine medical/dental expenses provided for a State parolee while in custody pending parole revocation proceedings.

Include the following:

- a. CDCR 2128, Register of Participation Parole Hold and Detention Program, to substantiate and verify the number of parolee days for which costs are claimed.
- b. Documentation identifying the specific nature and level of medical services provided, including appropriateness and associated expense (e.g., security and transportation);
- c. Emergency medical treatments must be supported by a statement from a licensed medical or dental professional describing the nature of the emergency, reasons for emergency services and itemized listing with cost for each service;
- d. A copy of any pre-authorization for non-emergency medical services must be attached to the invoice;
- e. Copies of any invoices received by the detaining agency from any outside vendor/service provider detailing the services provided must be attached to the invoice;
- f. The city or county address to where the State payment will be mailed;
- g. The appropriate DAPO regional or district office;
- h. The facility's name and address where the expenses occurred;
- i. The total amount to be paid per facility and total amount requested;
- j. The signature, title, and telephone number of the city or county representative--- in the event the CDCR 2148 is prepared by a 3<sup>rd</sup> party, verification by the local law enforcement agency for all services provided to each parolee/inmate must accompany the form .
- k. The date the invoice was prepared by the city or county representative;
- 1. The signature and title of the DAPO representative; and
- m. The date the invoice was signed by the DAPO representative.

n. Requests for reimbursement of overtime security must be accompanied by copies of applicable wages with computation of the wages and names of all staff providing security for State parolees.

#### II. DAPO CONSOLIDATED AMENDED INVOICES

DAPO Consolidated Amended Invoices should be submitted directly to:

California Department of Corrections and Rehabilitation Attn: Local Assistance Program Manager 1515 "S" Street, Room 212-N Sacramento, CA 95811 (916) 327-5413

A copy of the Consolidated Amended Invoice should also be sent to the appropriate Regional Office or camp administrator for information purposes only.

**Forms CDCR 2131-B and CDCR 2131-D** are the Consolidated Amended Invoices to be used for under-reimbursements for Parolee/Inmate Detention and Parole Revocation Hearings respectively.

Upon receipt of a current DJR, CDCR will reimburse the city or county for its actual allowable costs for claims reimbursed at a prior year's DJR or PRHR. <u>Amended invoices for retroactive rate adjustments to original claims must be submitted within six months of the final report date of a CDCR initiated audit or OACC notification of an approved DJR.</u>

Use forms CDCR 2131-B and CDCR 2131-D to obtain incremental reimbursement. The city or county must submit a Consolidated Amended Invoice for the difference between what was paid and what would have been paid if the DJR proposal or revocation hearing rate had been submitted and approved prior to July.

There are two pages to the Consolidated Amended Invoice. Use the first page (CDCR 2131-B), for parolee and ward detention invoices. Use the second page (CDCR 2131-D), for parole revocation hearings. The total of the two programs should also be entered on page 2 (CDCR 2131-D).

The following are instructions for the proper completion of the Consolidated Amended Invoice:

- 1. CDCR 2131-B--PAROLEE/INMATE DETENTION (PAGE 1)
  - a. Line 1:
    - i. Enter the new approved DJR for the current FY in Line 1, Column 3.
    - ii. Enter the date of the letter notifying the city or county of the new approved DJR in Line 1, Column 2.
  - b. Line 2:

Enter the (old) DJR that was used for processing these invoices.

#### c. Line 3:

Enter the difference between the DJR that was used (or the old rate) and the DJR that should have been used (or the new rate).

#### d. Lines 4-15:

Enter the number of parolee/inmate days that were billed for each month at the old DJR.

#### e. Line 16:

Enter the total number of days claimed. (Total Lines 4 through 15).

#### f. Line 17:

Enter the amount of parolee/inmate detention reimbursement requested. (Rate in Line 3 multiplied by number of days in Line 16).

#### 2. CDCR 2131-D--REVOCATION HEARINGS (PAGE 2)

#### a. <u>Line 35</u>:

Enter the new approved PRHR for the current FY in Line 35, Column 3. Enter the date of the letter notifying the city or county of the new approved revocation hearing rate in Line 35, Column 2.

#### b. Line 36:

Enter the (old) revocation hearing rate that was used for processing these invoices.

#### c. Line 37:

Enter the difference between the revocation hearing rate that was used (or the old rate) and the revocation hearing rate that should have been used (or the new rate).

#### d. Line 38-49:

Enter the number of parolee days that were billed for each month at the old revocation hearing rate.

#### e. Line 50:

Enter the total number of parolee days claimed. (Add Lines 38 through 49).

#### f. Line 51:

Enter amount of additional reimbursement requested for parole revocation hearings. (Multiply Line 37 by Line 50).

#### g. Line 52:

Enter the grand total of reimbursement requested for this period. (Grand total of the two pages).

# III. DJJ FORM INSTRUCTIONS – MONTHLY INVOICES

	DJJ FORM INDEX		
FORM #	TITLE	USE	
CDCR 2138-A	DJJ Detention Invoice &	Used to invoice for youthful parolee	
(DJJ 4.904)	Participant Registration	detentions.	
CDCR 2138-B	Consolidated Amended Invoice:	Used to seek payment for prior FYs	
	Ward Detention	under-reimbursed DJRs.	
CDCR 2138-C	Consolidated Amended Invoice:	Used to seek payment for prior FYs	
	Ward Revocation Hearings	under-reimbursed PRHRs.	

# 1. CDCR 2138-A (FORM DJJ 4.904)--DJJ DETENTION INVOICE & PARTICIPANT REGISTRATION

Under WIC §1776, the State shall pay the cities or counties on a monthly basis for costs incurred resulting from the detention of State parole violators.

Used to invoice for youthful parolee detentions.

Complete the DJJ detention invoice as follows:

- a. <u>City or County</u>: Enter the city or county name and address to where the State payment should be mailed.
- b. <u>City or County Facility</u>: Enter the name of the city or county facility where the parolee was detained.
- c. <u>Inclusive Dates</u>: Enter the beginning and ending dates of the invoice period. Only use calendar months and do not combine fiscal years on the invoice.
- d. Year: Enter the fiscal year.
- e. Name of Parolee: Enter the name of the parolee who is an alleged parole violator.
- f. <u>DJJ Number</u>: Enter the DJJ identification number that was assigned to the parolee when he or she was a State ward.
- g. <u>Date DJJ Hold Placed</u>: Enter the date the DJJ exercised its authority under WIC § 1753, 1755 or 1767.3.
- h. <u>Date DJJ Hold Released</u>: Enter the date the DJJ released its hold because new criminal charges were filed, the parolee was detained after a hearing, or he or she was released on parole.
- i. <u>Days on LAP</u>: Enter the difference between the date the hold was placed and the date the hold was released, excluding those days that new criminal charges were filed or charges were dropped, dismissed, or sentence completed. Include the first, but not the last, day of participation in determining number of days per detainee.
- j. <u>Total Days</u>: Enter the total number of detention days during which costs were incurred for housing a State detainee.
- k. Daily Rate: Enter the DJR.
- 1. <u>Total Cost</u>: Multiply the total number of detention days by the approved CDCR rate. This represents the total payment to be made to the city or county by the DJJ.
- m. Signature: City or county representatives must sign the invoice before it will be paid.
- n. Title: Enter the title of the city or county representative who signed the invoice.
- o. Date: Enter the date the invoice was signed by the city or county representative.

### IV. DJJ CONSOLIDATED AMENDED INVOICES

DJJ Consolidated Amended Invoices should be submitted directly to:

California Department of Corrections and Rehabilitation Headquarters Accounting Services Section PO Box 187018 Sacramento, CA 95818-7018 Phone: (916) 255-5530

**CDCR 2138-B and CDCR 2138-C** are Consolidated Amended Invoices. Upon receipt of a current DJR, DJJ will reimburse the city or county for its actual allowable costs for claims reimbursed at a prior year's DJR. Amended invoices for retroactive rate adjustments to original claims must be submitted within six months of the final report date of a CDCR initiated audit or OACC notification of an approved DJR.

Use forms CDCR 2138-B and CDCR 2138-C to obtain incremental reimbursement. The city or county must submit a Consolidated Amended Invoice for the difference between what was paid and what would have been paid if the DJR proposal or revocation hearing rate had been submitted and approved prior to July.

There are two pages to the Consolidated Amended Invoice. Use the first page (CDCR 2138-B) for ward detention. Use the second page (CDCR 2138-C) for parole revocation hearings. The total of the two programs should also be entered on page 2 (CDCR 2138-C).

The following are instructions for the proper completion of the Consolidated Amended Invoice:

- 1. CDCR 2138-B, Consolidated Amended Invoice -Ward Detention (Page 1)
  - a. Line 1
    - i. Enter the new approved DJR for the current FY in Line 1, Column 3.
    - ii. Enter the date of the letter notifying the city or county of the new approved DJR in Line 1, Column 2.
  - b. Line 2

Enter the (old) DJR that was used for processing these invoices.

c. Line 3

Enter the amount of the difference between the DJR that was used (or the old rate) and the DJR that should have been used (or the new rate).

d. Line 4-15

Enter the number of ward days that were billed for each month at the old DJR.

e. Line 16

Enter the total number of days claimed. (Total Lines 4 through 15).

f. <u>Line 17</u>

Enter the amount of additional reimbursement requested for ward and parolee detention. (Multiply Line 3 by Line 16).

- 2. CDCR 2138-C, CONSOLIDATED AMENDED INVOICE -WARD REVOCATION HEARING (PAGE 2)
  - a. Line 18
    - i. Enter the new approved ward revocation hearing rate for the current FY in Line 18, Column 3.
    - ii. Enter the date of the letter notifying the city or county of the new approved revocation hearing rate in Line 18, Column 2.

#### b. Line 19

Enter the (old) revocation hearing rate that was used for processing these invoices.

#### c. Line 20

Enter the amount of the difference between the revocation hearing rate that was used (or the old rate) and the revocation hearing rate that should have been used (or the new rate).

#### d. Lines 21-32

Enter the number of ward days that were billed for each month at the old revocation hearing rate.

# e. <u>Line 33</u>

Enter the total number of ward days claimed. (Add Lines 21 through 32).

# f. <u>Line 34</u>

Enter the amount of additional reimbursement requested for ward revocation hearings. (Multiply Line 20 by Line 33).

# g. <u>Line 35</u>

Enter the grand total of reimbursement requested for this period. (Grand total of the two pages).

#### F. OFFSETS AGAINST CLAIMS

PC §4016.5 and WIC §1776 constrain the CDCR and the DJJ, respectively, from reimbursing a city or county when there are charges outstanding against the city or county for services provided by either department.

If the payment for such charges older than 45 days is not received before the invoices based on the DJR are completed, an offset adjustment would be necessary. The city or county will be notified and the older outstanding charges would be offset against the DJR reimbursement. Any net reimbursement would then be calculated and paid monthly.

DJR Manual Program Compliance

# VIII. PROGRAM COMPLIANCE

#### A. FAILURE TO MEET MINIMUM JAIL STANDARDS

PC §4016.5 and WIC §1776 require the CDCR and the DJJ to withhold all or part of the net reimbursements to a city or county whose jail facilities do not conform to minimum standards for local detention facilities, but only if the city or county is failing to make reasonable efforts to correct the differences. Consideration will be given to the resources available for such purposes. The CDCR will make this determination. When the CDCR provides notification of its determination, they will implement the partial or total withholds as instructed. Designated staff will contact the city or county prior to the withholding of reimbursements.

#### B. AUDITS

The CDCR or any duly authorized representative thereof shall have access to, and the right to examine, audit, excerpt and transcribe any books, documents, papers or records of the city or county which, in the opinion of the State, may be related or pertinent to the LAP, or the Detention Programs or the parole revocation hearings covered by the DJR, or the PRHR. Such material must be retained by the city or county for a period of three years after the termination of the fiscal year for which the annual jail rate applies or until all questions arising from an audit completed by the State are resolved.

A draft audit report will be issued to the city or county for review and comment. The city or county will have 30 days to submit written comments and supply additional source documentation for the auditor's consideration in preparing the final audit report. No additional source documentation will be accepted after the final audit report is issued.

The city or county has 30 days after it receives the final audit report to make a formal reply to the findings. The reply must indicate what action has been taken, or is intended to be taken, regarding each audit finding or recommendation. The reply to the final audit report will be reviewed by an Administrative Review Committee (ARC). This Committee consists of the following CDCR representatives: Deputy Director, Office of Business Services or the Designee as assigned by the Undersecretary to Chair the Committee; Deputy Director, Office of Fiscal Services; and the Director, Division of Adult Parole Operations. The ARC's findings will be the final departmental position on the audit. If the city or county does not reply in writing within the allotted time, the report will be considered accepted in full and the State will proceed accordingly. The reply and any related questions to the final audit report should be made to:

California Department of Corrections and Rehabilitation
Office of Audits and Court Compliance
PO Box 942883
Sacramento, CA 94283-0001
(916) 255-2990

If audit findings result in disallowances for which the city or county must repay monies to the State of California, and a recovery of said monies is not affected within 30 days of the final audit report, amounts owing will be deducted by the CDCR from future monthly claims until such time that the audit disallowance is fully recovered.

DJR Manual Program Compliance

Jurisdictions subjected to audit by CDCR must apply those audit results to DJR Cost Packages for each FY following the period of review. DJR Cost Packages pending OACC approval due to finalization of a CDCR audit must be submitted or amended, as applicable, to the OACC within 90 days of issuance of the final audit report. Requests for extensions beyond the 90-day time period must be submitted to the OACC for consideration within 10 days of the final audit report. Jurisdictions failing to meet this requirement will be limited to reimbursements based on the final audited rate for each FY following the period of review.

# APPENDIX I PENAL CODE SECTION 3056

"Prisoners on parole shall remain under the legal custody of the department and shall be subject at any time to be taken back within the enclosure of the prison."

# **APPENDIX II**

# **Penal Code Section 4016.5**

#### California Department of Corrections and Rehabilitation

(Amended pursuant to AB 1655)

"Reimbursement of counties; parolee and prisoner detention; parole revocation proceedings; conditions; determination and use of reimbursement

A city or county shall be reimbursed by the Department of Corrections and Rehabilitation for costs incurred resulting from the detention of a state prisoner, a person sentenced or referred to the state prison, or a parolee and from parole revocation proceedings when the detention meets any of the following conditions:

- (a) The detention relates to a violation of the conditions of parole or the rules and regulations of the Secretary of the Department of Corrections and Rehabilitation and does not relate to a new criminal charge.
- (b) The detention is pursuant to (1) an order of the Board of Parole Hearings under the authority granted by Section 3060, or (2) an order of the Governor under the authority granted by Section 3062 or (3) an exercise of a state parole or correctional officer's peace officer powers as specified in Section 830.5.
- (c) Security services and facilities are provided for hearings which are conducted by the Board of Parole Hearings to revoke parole.
- (d) The detention results from a new commitment, or a referral pursuant to Section 1203.03, once the abstract of judgment has been completed, the department's intake control unit has been notified by the county that the prisoner is ready to be transported pursuant to Section 1216, and the department is unable to accept delivery of the prisoner. The reimbursement shall be provided for each day starting on the day following the fifth working day after the date of notification by the county, if the prisoner remains ready to be delivered and the department is unable to receive the prisoner. If a county delivers or attempts to deliver a person to the department without the prior notification required by this paragraph, the date of the delivery or attempted delivery shall be recognized as the notification date pursuant to this paragraph. The notification and verification required by the county for prisoners ready to be transported, and reimbursement provided to the county for prisoners that the department is unable to receive, shall be made pursuant to procedures established by the department.

A city or county shall be reimbursed by the department from funds appropriated in Item 5240-101-0001 of the budget Act of 1998 for costs incurred pursuant to subdivision (a), (b), and (c) and from funds appropriated in Item 5240-001-0001 of that act for costs incurred pursuant to subdivision (d).

The reimbursement required by this section shall be expended for maintenance, upkeep, and improvement of jail conditions, facilities, and services. Before the county is reimbursed by the department, the total amount of all charges against that county authorized by law for services rendered by the department shall be first deducted from the gross amount of reimbursement authorized by this section. The net reimbursement shall be calculated and paid monthly by the department. The department shall withhold all or part of the net reimbursement to a county whose jail facility or facilities do not conform to minimum standards for local detention facilities as authorized by Section 6030 only if the county is failing to make reasonable efforts to correct differences, with consideration given to the resources available for those purposes.

"Costs incurred resulting from the detention," as used in this section, shall include the same cost factors as are utilized by the Department of Corrections and Rehabilitation in determining the cost of prisoner care in state correctional facilities."

(e) No city, county, or other jurisdiction may file, and the state may not reimburse, a claim pursuant to this section that is presented to the Department of Corrections and Rehabilitation months after the close of the month in which the costs were incurred."

# **APPENDIX III**

# WELFARE AND INSTITUTIONS CODE SECTION 1776

# CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION DIVISION OF JUVENILE JUSTICE

"Parole violators; county detention facilities; reimbursement:

Whenever an alleged parole violator is detained in a county detention facility pursuant to a valid exercise of the powers of the Department of Corrections and Rehabilitation as specified in Sections 1753, 1755, and 1767.3 and when such detention is initiated by the Department of Corrections and Rehabilitation and is related solely to a violation of the conditions of parole and is not related to a new criminal charge, the county shall be reimbursed for the costs of such detention by the Department of Corrections and Rehabilitation. Such reimbursement shall be expanded for maintenance, upkeep, and improvement of juvenile hall and jail conditions, facilities, and services. Before the county is reimbursed by the department, the total amount of all charges against that county authorized by law for services rendered by the department shall be first deducted from the gross amount of the reimbursement authorized by this section. Such net reimbursement shall be calculated and paid monthly by the department. The department shall withhold all or part of such net reimbursement to a county whose juvenile hall or jail facility or facilities do not conform to minimum standards for local detention facilities as authorized by Section 6030 of the Penal Code or Section 210 of this code.

"Costs of such detention," as used in this section, shall include the same cost factors as are utilized by the Department of Corrections and Rehabilitation in determining the cost of prisoner care in state correctional facilities."

No city, county, or other jurisdiction may file, and the state may not reimburse, a claim pursuant to this section that is presented to the Department of Corrections and Rehabilitation or to any other agency or department of the state more than six months after the close of the month in which the costs were incurred."

### APPENDIX IV

# STATE OF CALIFORNIA GOVERNOR'S BUDGET ACT



#### **NOTE:**

The 2005 Governor's Budget Act eliminated the \$59 per day cap for the DJR and, instead, authorized the Department of Finance (DOF) to approve a new rate cap that is calculated annually to reflect prior year changes to the CDCR's cost of custody and routine healthcare. The 2009 Budget Act did not provide an increase in the cap for FY 2009/10; therefore, the last approved cap of \$77.17 remains in effect until further notice. Future revisions to the Budget Act will be applied as appropriate to the DJR proposals.

### The following excerpt is from the Budget Act of 2007, Section 5225-101-0001(7)(1)(d):

"To reimburse counties for the cost of detaining state parolees pursuant to Section 4016.5 of the Penal Code. Claims shall be filed by local jurisdictions within six months after the end of the month in which the costs are incurred. Claims filed by local jurisdictions may not include booking fees, may not recover detention costs in excess of \$77.17 per day, and shall be limited to the detention costs for those days on which parolees are held subject only to a Department of Corrections and Rehabilitation request pursuant to subdivision (b) of Section 4016.5 of the Penal Code. Expenditures shall be charged to either the fiscal year in which the claim is received by the Department of Corrections and Rehabilitation or the fiscal year in which the warrant is issued."

#### MAXIMUM DAILY JAIL RATE HISTORY

Authorized by the Governor's Budget Act For Services Provided Pursuant to Penal Code§ 4016.5

FISCAL YEAR	MAXIMUM DJR
1993/94 – 2004/05	\$59.00
May Revise2005/06	\$68.22
May Revise2006/07	\$71.57
May Revise2007/08	\$77.17
2008/09	\$77.17 (No change provided in Budget Act of 2008)
2009/10	\$77.17 (No change provided in Budget Act of 2009)
2010/11	\$77.17 (No change provided in Budget Act of 2010)
2011/12	To be established in the Budget Act of 2011

# APPENDIX V STATE ADMINISTRATIVE MANUAL SECTION 8752, FULL COST RECOVERY POLICY

#### FULL COST RECOVERY POLICY (Revised 2/99)

8752

The State policy is for departments to recover full costs whenever goods or services are provided for others (Requirements for General Fund departments are included in Government Code (GC) Sections 11010 and 11270). This policy, which applies to all departments regardless of funding sources, is to be followed in all cases except where statutes prohibit full cost recovery.

The full cost of goods or services includes all costs attributable directly to the activity <u>plus</u> a fair share of indirect costs that can be ascribed reasonably to the good or service provided. SAM Section 8752.1 contains a discussion of the cost elements to include.

# **COST ELEMENTS INCLUDED** (Revised 2/99)

8752.1

Include the following costs in charges for good and services:

- Department direct costs
- Department indirect (overhead) costs
- Central services costs
- 1. <u>Department direct costs</u> are those that can be identified specifically with a particular cost objective, such as:
  - a. Personal service costs incurred in meeting the cost objective (personal service costs will include the fringe benefit factors prescribed in SAM Section 8740).
  - b. Operating expenses and equipment costs incurred in meeting the cost objective, such as the cost of contracts, travel expenses, etc.
- 2. <u>Department indirect (overhead) costs</u> are those support costs that benefit more than one cost objective/organizational unit. These costs are accumulated and allocated periodically to the cost objective/organizational units that benefit from the support activity/function. Departmental indirect costs include:
  - a. Personal services costs of unit, bureau, division, and department administrative, supervisory, and executive staff.
  - b. Personal services costs of support units, including clerical support, housekeeping, etc.
  - c. Operating expenses and equipment costs not included as part of department direct costs.
- 3. <u>Central service costs</u> are costs incurred by central service departments (e.g., Department of Finance (DOF), State Controller, State Personnel Board, etc.) for the benefit of all State departments. See SAM Section 8753 for more information on central service costs.

# APPENDIX VI GLOSSARY OF DEFINITIONS



#### NOTE:

Included in this glossary are definitions of terms as they are specifically used within this DJR Manual.

TERM DEFINITION

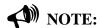
# BOARD OF PAROLE HEARINGS:

Board of Parole Hearings (BPH): California's adult parole board. The BPH conducts hearings for all inmates sentenced to life terms with the possibility of parole. In addition, the BPH:

- Establishes terms and conditions for all persons released on parole in California;
- Conducts parole revocation hearings for persons who violate the terms and conditions of parole;
- Conducts certification, placement, and parole revocation hearings for mentally disordered offenders;
- Conducts probable cause hearings for prisoners or parolees in revoked status who meet the criteria to be identified as sexually violent predators; and
- Considers requests from foreign born inmates who wish to be transferred to their country of citizenship to serve the remainder of their sentences.

#### **BOOKING COSTS:**

Costs associated with booking, including classification (the Budget Act specifically excludes booking costs), staff salaries and benefits, services and supplies, equipment, food, and medical costs.



Booking cost is **not** the booking revenue received.

#### **CAPITAL ASSETS:**

Assets that meet the government's capitalization policy such as land, improvements to land, easements, buildings, leasehold improvements, vehicles, machinery, equipment, works of art and historical treasures, infrastructure, and all other tangible or intangible assets that are used in government operations, have initial useful lives extending beyond one year, and are usually subject to depreciation (except for land). Capital assets do not include depletable resources such as minerals or timber.

#### **COMMISSARY COSTS:**

All expenditures incurred to support and supply a jail facility store where supplies (i.e., beverages, candy, magazines, Tylenol, etc.) and other amenities are sold to the inmates.

# <u>COMMUNICATIONS OR</u> <u>RADIO SERVICES:</u>

The costs of communications or radio services outside the jail facility are unallowable. Communications or radio services provided primarily for the function of protecting the public outside the detention facility are unallowable. Communications from a patrol officer's or deputy sheriff's vehicle to the detention facility are unallowable. Cell phones are unallowable as they are not permitted to be used inside detention facilities. Radio and communication services used exclusively within the jail facility are generally considered allowable costs.

#### **CONDITIONS OF PAROLE:**

A set of written rules to which an inmate or a parolee agrees to and by which he or she is governed.

#### **CONTINGENCIES:**

Contributions to a contingency reserve or any other similar provision for unforeseen events are unallowable.

# **CONTRIBUTIONS AND**

**DONATIONS:** 

Contributions (a payment exacted for a special purpose) and donations (the act of giving to a fund or cause) are unallowable.

#### **DAILY JAIL RATE (DJR):**

The cost of housing a parolee/inmate at a city or county facility based on costs allowable by the State under PC §4016.5 and WIC §1776.

#### **DEPRECIATION COSTS:**

The costs of depreciating (method to account for assets whose value is considered to decrease over time) capital assets are unallowable.

#### **DETAINED**:

An inmate is received into custody by a competent authority of the city or county jail.

#### **DETENTION:**

State inmates assigned to the State operated or contracted community programs are subject at any time to be detained in the city or county jail upon the valid exercise of a State parole agent or correctional officer's peace officer powers (if the Sheriff or the corresponding official in charge of the jail consents thereto). State inmates remain under the legal custody of CDCR and inmates detained in this manner are covered by this program.

# ELECTED OFFICIALS'

**SALARIES**:

The salaries and benefits of elected officials, such as members of the Board of Supervisors or the City Council and the Sheriff, are considered a general cost of local government and, therefore, are unallowable. The principles followed are those used in developing the COWCAP as approved by the SCO.

# **ENCUMBRANCES**:

Encumbrances are not allowable as program expenses because the actual expenditures have not occurred. *These expenses will* be allowable in the year the expenses are paid.

#### **ENTERTAINMENT:**

Costs of amusements, social activities and related incidental costs (meals, beverages, lodgings, rentals, transportation and gratuities) are unallowable.

### **EQUIPMENT**:

Equipment that either meets or exceeds the County or City's capitalization policy is unallowable. In the above definition of capital assets, equipment is tangible property other than land, buildings, improvements other than buildings, or infrastructure, which is used in operations and with a useful life of more than one year. Examples are furnishings, equipment, and software. Equipment may be attached to a structure for purposes of securing the item, but unless it is permanently attached to, or an integral part of, the building or structure, it is to be classified as equipment and not buildings.

# FACILITY LEASE OR USE COSTS:

Except as defined in "(1)" below, the following restrictions apply:

- (1) Facility lease costs are unallowable costs to the extent that Federal or State funds have been granted which cover these costs.
- (2) No lease cost is allowable unless the lessor is a second party, separate from the city or county government, and the lease is not for jail space. To include any lease cost in the DJR proposal, the city or county must include a copy of the lease and documentation of the lessor's identity and financial interest separate from the city or county government.
- (3) Facility Lease or Use Costs By Special Agreement: Identify and deduct from the total cost of construction, any funds from any other levels of government for the cost of such incarceration facilities. Only the remaining or net cost of facility construction will be allowed in a DJR proposal for reimbursement under the special agreement.

#### FINES AND PENALTIES:

Costs resulting from the violations of or failure to comply with federal, State and local laws and regulations are unallowable.

#### **FOOD COSTS**:

Per PC §4016.5, allowable food costs are limited to meals served inmates. Also, see definition under "Meal Benefits and Allowances."

# GENERAL LIABILITY INSURANCE:

General liability, per the State of California Accounting Standards and Procedures for Counties, is defined as: "The exposure to third party bodily injury and/or property damage losses attributable to the broad range of governmental activities excluding losses due to malpractice and the operation of government vehicles... Usually includes errors and omissions and false arrest exposures."

### **HOLD**:

A written request that a parolee who is the responsibility of either CDCR or DJJ be detained in the city or county jail. The request may be made by the BPH, the Governor, the Youthful Offender Parole Board, the Director of CDCR, or their duly authorized representatives.

#### **INDIRECT COSTS:**

Indirect costs (overhead) are those costs incurred for a common or joint purpose, benefiting more than one program and not directly assignable to a particular program; e.g., central government service costs and overhead costs for the units providing support to the facility.

Indirect costs pertaining to detention operations shall exclude unallowable cost factors noted in Chapter II, Section D, Allowable and Unallowable Costs. Costs that may be included in this line item are:

1. Costs approved for use in the FY 2009/10 ICRP or COWCAP.

To include the ICRP or COWCAP in the Indirect Cost calculation, subtract building and equipment use costs and include any roll forward amount. Unless unallowable under PC §4016.5, other costs included in the ICRP or COWCAP are acceptable Indirect Costs and must be allocated appropriately to each cost center.

2. Any departmental, divisional or other <u>allowable</u> indirect detention costs as defined in this Manual, including salaries and benefits and services and supplies, less any applicable revenues or reimbursements.

For additional information regarding unallowable indirect costs within a city or county cost plan, see Sections 2430-2440 of the Handbook of Cost Plan Procedures for California Counties, SCO. Please note that all costs must be consistent with the requirements of PC §4016.5.

All indirect costs must be allocated based on the percentages that each cost center benefits from the indirect costs. The cost proposal must include all worksheets detailing the basis for the allocation, actual percentages used, and dollar amounts. Copies of the expenditure reports are required in all cases and regardless of methodology. Please footnote and/or cross-reference all figures from source documentation to the computation.

## **INMATE PROGRAMS:**

Programs that benefit county inmates such as work furlough, home detention, parenting classes, vocational and educational programs, etc.

#### **INSURABLE LOSSES:**

Actual losses that could have been covered by insurance through a self-insurance program approved by the SCO or others, are unallowable.

# INTEREST AND OTHER FINANCE COST:

Interest and/or other finance cost on borrowings (however represented), bond discounts, cost of financing and refinancing operations and legal and professional fees paid in connection therewith, are unallowable.

#### **LEGAL EXPENSES:**

Legal services furnished by the chief legal officer, related staff, and/or assignees for the purpose of discharging his/her general responsibilities as the legal officer are unallowable costs. Legal expenses for the prosecution of claims against the federal or State government are also unallowable costs.



Costs of county attorney as included in the ICRP or COWCAP are allowable for establishing Indirect Costs.

#### **LEKTREIVER:**

For clothing storage and retrieval.

# **LOCAL ASSISTANCE PROGRAM (LAP):**

LAP involves the detention in the city or county jail of a parolee on a parole violation, or an alleged parole violation. If the parolee is held on a criminal charge concurrent with our hold, the State does not reimburse the city or the county for the detention costs, regardless of the disposition by the court. This program pertains to both CDCR and DJJ.

# MEAL BENEFITS AND ALLOWANCES:

Meals for guests are unallowable. Meal benefits and allowances for staff are generally unallowable, unless the following conditions exist: when an employee is required to work in excess of two hours past their normal workday. If the employee is required to work for more extended periods of time, he/she may be allowed to gain an additional meal allowance for each additional six hour period. No more than three overtime meal allowances will be claimed during any 24 hour period. Additionally, if meal benefits are part of the MOU between the county/city and the Union, then they are an allowable DJR cost.

# MEDICAL (ROUTINE) EXPENSES:

"Routine medical services" refer to those services that are normally provided to all prisoners in a county jail facility. Routine medical and dental costs include, but are not limited to physical and dental examinations received by prisoners when they arrive at a county jail, distribution of over-the-counter drugs (i.e., aspirin and cold/cough medicine) and medical and dental supplies such as Band-Aids or tape and gauze for cuts and bruises, dental floss, toothpaste and tooth brushes. Routine Medical Expenses may be reflected as a Direct Cost.

# MEDICAL (NON-ROUTINE) EXPENSES:

"Non-routine medical expenses" refers to medical services provided to an individual for a specific condition or specialized care, such as those that typically requires a specialized physician (i.e., dermatology, psychiatry, cardiology, endocrinology, neurology, oncology, etc.). Pharmaceutical costs that are not dispensed over the counter are non-routine medical costs. Non-routine medical expenses incurred by State inmates as defined in this Manual, are unallowable as a direct cost in the DJR calculation and may be billed by the city or county directly to SAO, via the appropriate DAPO Regional Headquarters Office. Medical costs included in all expense line items need to be evaluated e.g.; professional and specialized services, etc.

#### **MEMBERSHIP AND DUES:**

Membership and/or dues in approved professional law enforcement related organizations. Includes professional license renewal.

#### **NEW CRIMINAL CHARGE:**

Unadjudicated charge against a parolee.

#### **NOTICE:**

Process by which a parolee is served with documents relating to parole violation charge(s), including the Notice of Rights to Hearing, copy of the Violation Report Screening Offer by the BPH, and other due process documents as appropriate

# PAROLE REVOCATION

**HEARING**:

An administrative proceeding at which the parole agent presents to the BPH all known facts regarding a parole violation, a description of a parolee's conduct while on parole and a recommendation appropriate to the case. Adverse/friendly witnesses and supervising parole agent take testimony in the parolee's presence. The BPH makes the decision as to whether or not parole should be revoked.

# PAROLE REVOCATION HEARING RATE (PRHR):

The cost of providing a hearing room and security staff necessary to hold a revocation (Morrissey) hearing.

# PROBABLE CAUSE HEARING (PCH):

The PCH is conducted within 10 business days of the notice of charges for alleged violation of terms and conditions of parole to determine whether or not there is sufficient justification to proceed to a hearing, unless the parolee waives that right or asks for a continuance.

# **STATE PAROLEE:**

An inmate or ward that has been released from prison with conditions and is being supervised for a given period by CDCR or DJJ.

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## **TRANSPORTATION:**

Only intra-county (within the county lines) transportation costs are allowable. Inter-county transportation costs are unallowable. Transportation expenditures from a State detention facility to a county detention facility and vice versa are allowable (including inter-county). Transportation expenditures from a county facility to a facility of another county are not allowable.

DJR Manual Appendix VIII

## APPENDIX VII GLOSSARY OF ACRONYMS

**AB:** Assembly Bill

**ADP:** Average Daily Population

**ARC:** Administrative Review Committee

**BPH:** Board of Parole Hearings

**CDCR:** California Department of Corrections and Rehabilitation

**COWCAP:** County Wide Cost Allocation Plan

**DAPO:** Division of Adult Parole Operations

**DJJ:** Division of Juvenile Justice

**DJR:** Daily Jail Rate

**<u>DOF:</u>** Department of Finance

**FY:** Fiscal Year

**GAAP:** Generally Accepted Accounting Principles

**ICRP:** Indirect Cost Rate Proposal

**LAP:** Local Assistance Program

**MOU:** Memorandum of Understanding

**OACC:** Office of Audits and Court Compliance

Old Age, Survivors, & Disability Insurance (a.k.a. FICA or Social Security)

**OHO:** Our Hold Only (PC § 3056 hold)

**PC** §: Penal Code Section

**PCH:** Probable Cause Hearing

**POST:** Peace Officers' Standards and Training

**PRHR:** Parole Revocation Hearing Rate

**SAO:** Sacramento Accounting Office

**SAM:** State Administrative Manual

**SCO:** State Controller's Office

**STC:** State Training Center

**WIC:** Welfare and Institutions Code

DJR Manual Appendix VIII

# APPENDIX VIII CONTACT INFORMATION

\*Note: The Local Assistance Program assists county/city law enforcement agencies seeking reimbursement for housing state inmates/parolees pursuant to PC 4016.5.

NAME	TITLE	using state inmates/parolees pursuant to PC 40 ADDRESS	TELE.#	FAX#
DAPO Headquarters:	IIILL	California Department of Corrections and Rehabilitation	TEEL: II	111111
Diff o ficadquarters.		Division of Adult Parole Operations		
		PO Box 942883		
		Sacramento, CA 94283-0001		
		5.67		
	Local Assistance			
Flora Allen	Staff Services Mgr I	Flora.Allen@cdcr.ca.gov	(916) 327-5413	(916) 327-0785
Caroline Cabarloc	Program Analyst	Caroline.Cabarloc@cdcr.ca.gov	(916) 324-3203	(916) 327-0785
Russell Snyder	Program Analyst	Russell.Snyder@cdcr.ca.gov	(916) 324-3589	(916) 327-0785
Office of Audits and		California Department of Corrections and Rehabilitation		
Court Compliance:		Office of Audits and Court Compliance		
		PO Box 942883		
		Sacramento, CA 94283-0001		
	T1 A:-4			
Linda Wana	Local Assistance	Linda Wana Qadan aa aan	(016) 255 2641	(016) 255 1950
Linda Wong	Staff Services Mgr I	Linda.Wong@cdcr.ca.gov Rose.Mitjans@cdcr.ca.gov	(916) 255-2641	(916) 255-1850
Rose Mitjans	Rate Analyst		(916) 255-2730	(916) 255-1850
Sacramento		California Department of Corrections and Rehabilitation		
Accounting Office		Sacramento Accounting Office PO Box 187019		
		Sacramento, CA 95818-7019		
	Acc. Officer			
Sushila Gosai	Supervisor	Sushila.Gosai@cdcr.ca.gov	(916) 255-5537	(916) 255-5571
Elemad Azer	Accountant I	Elemad.Azer@cdcr.ca.gov	(916) 255-5555	(916) 255-5571
Region I		California Department of Corrections and Rehabilitation	,	
-		Division of Adult Parole Operations		
		9825 Goethe Road, Suite 200		
		Sacramento, CA 95827-2572		
	Local Assistance			
Troy Lopez	Parole Agent III	<u>Troy.Lopez@cdcr.ca.gov</u>	(916) 255-0718	(916) 255-2759
Ellery Madolora	Field Analyst	Ellery.Madolora@cdcr.ca.gov	(916) 255-4430	(916) 255-2759
Region II		California Department of Corrections and Rehabilitation		
		Division of Adult Parole Operations		
		1515 Clay Street, Tenth Floor Oakland, CA 94612		
	Assistant Regional	Oakiand, CA 94012		
Ed Achziger	Administrator	Ed.Achziger@cdcr.ca.gov	(510) 622-4721	(510) 622-4720
Dee Dominguez	Field Analyst	Deothea.Dominguez@cdcr.ca.gov	(510) 622-4721	(510) 622-4720
Valsamma Raju	Field Analyst	Valsamma.Raju@cdcr.ca.gov	(510) 622-8605	(510) 622-4770
Region III	Tiera Finaryst	California Department of Corrections and Rehabilitation	(310) 022 0003	(310) 022 1720
8		Division of Adult Parole Operations		
		320 W. 4 <sup>th</sup> Street, Suite 1000		
		Los Angeles, CA 90013-1105		
	Local Assistance			
Joan Bys	Parole Agent III	Joan.Bys@cdcr.ca.gov	(213) 576-6532	(213) 576-7285
Cruzita Flores	Field Analyst	Cruzita.Flores@cdcr.ca.gov	(213) 620-4761	(213) 576-7285
Bonita Rogers	Field Analyst	Bonita.Rogers@cdcr.ca.gov	(213) 576-6587	(213) 576-7285
Region IV		California Department of Corrections and Rehabilitation		
		Division of Adult Parole Operations		
		21015 Pathfinder Road, Suite 200		
	T 1 A	Diamond Bar, CA 91765		
Henry Harris	Local Assistance	Henry.Harris@cdcr.ca.gov	(909) 468-2300 x307	(000) 469 2227
Marilou A. Lasam	Parole Agent III	<u>Henry.Harris@cacr.ca.gov</u> Marilou.Lasam@cdcr.ca.gov	(909) 468-2300 x307 (909) 468-2300 x306	(909) 468-2337 (909) 468-2337
maniou A. Lasain	Field Analyst	<u>marnou.Lasam@cacr.ca.gov</u>	(202) 400-2300 X300	(909) 408-233/

DJR Manual Appendix IX

## APPENDIX IX BLANK FORMS

#### FORMS FOR THE DJR PREPARER

Daily Jail Rate Checklist, FY 2011/12

DJR Computation Schedule, FY 2011/12

Prior Rate Estimate Adjustment Schedule, FY 2011/12(A)

Form for explanations and/or references listed on the DJR Computation Schedule

Parole Revocation Hearing Rate Checklist, FY 2011/12

PRHR Computation, FY 2011/12, Based on Regular Wages with Benefits

PRHR Computation, FY 2011/12, Based on Overtime Wages without Benefits

#### FORMS FOR BILLING CDCR OR DJJ FOR SERVICES RENDERED

CDCR Form 2127, Monthly Invoice Parole Hold and Detention Programs, to be used for invoicing the combined days in the LAP and detention programs.

CDCR Form 2128, Register of Participation for LAP or Detention, to be used with each CDCR invoice for the LAP or detention programs.

CDCR Form 2129, Monthly Invoice, Parole Revocation Hearing, to be used when invoicing for parole revocation hearings.

CDCR Form 2130, Register of Participation for Parole Revocation Hearing, to be used with each CDCR invoice for the parole revocation hearing.

CDCR Form 2138-A, DJJ Detention Invoice and Participation Registration, to be used when invoicing for the DJJ youthful parolee detentions.

CDCR Form 2148, Monthly Invoice, Non-Routine Medical, to be used when invoicing for miscellaneous and non-routine medical costs.

## FORMS FOR BILLING CDCR OR DJJ FOR BILLING ADJUSTMENTS WHEN DJRS AND PRHRS ARE UPDATED

CDCR Form 2131-B, Consolidated Amended Invoice Parolee/Inmate Detention, to be used for invoicing the difference between the old and new DJR for all invoices previously submitted using the old DJR in the LAP and detention programs.

CDCR Form 2131-D, Consolidated Amended Invoice, Parole Revocation Hearings, to be used for invoicing the difference between the old and new PRHR for all invoices previously submitted using the old DJR in the revocation hearing.

CDCR Form 2138-B, Consolidated Amended Invoice Ward Detention, Page 1, to be used for invoicing the difference between the old and new DJR for all invoices previously submitted using the old DJR in the ward detention.

CDCR Form 2138-C, Consolidated Amended Invoice Ward Detention, Page 2, to be used for invoicing the difference between the old and new PRHR for all invoices previously submitted using the old DJR in the ward revocation hearings.

## DAILY JAIL RATE (DJR) FISCAL YEAR 2011/12

#### CHECKLIST FOR PREPARATION OF THE DJR COMPUTATION FORM

Please check to see that the items listed below are enclosed with your Daily Jail Rate (DJR) Computation forms for each facility. A completed DJR checklist must be submitted with your DJR: Preparer's Name of DJR Computation Form for FY 2011/12: 1. Contact Person for questions regarding completed DJR Computation Form: 2. (Telephone Number & E-mail Address) **ATTACHMENTS:** A copy of the expenditure detail report for FY 2009/10 for Salaries and Benefits, Services and Supplies (including unallowable costs such as non-routine medical and communication services outside the jail), Medical Costs, Equipment Purchases, other Direct Costs, Prior Year Expenditures, Administration/Overhead, Indirect Costs, and any other applicable expenditures. A copy of the county or city's capitalization policy. 4. \_\_\_5. A copy of the budget report or revenue report or general ledger that lists all sources of revenue received by the Police or Sheriff's Department during FY 2009/10. A listing of positions by classification, which are represented by the Salary and Benefit 6. reports for each jail facility. 7. Documentation to substantiate the Sheriff's salary and benefits. 8. A worksheet showing the allocation of Salaries and Benefits, Services and Supplies, Medical Costs, Equipment Purchases and any other expenditures, (direct costs only) that were allocated to each of the jail facilities. The expenditure report and a worksheet that documents the separation of Medical Costs into 9. routine and non-routine based upon the criteria described in the Daily Jail Rate Manual. Please include a description of the methodology used for the allocation of costs. A description of what is included in the Indirect Costs (Line 21), and how this was allocated to the appropriate cost center/jail facility. Please include a copy of the worksheet showing the allocation of costs and a description of the basis for the allocation.

11.	A copy of the cover page and the appropriate pages of the Countywide Cost Allocation Plan (COWCAP) as formally approved by the State Controller's Office as estimated costs or the Citywide Indirect Cost Rate Proposal (ICRP) as approved by the appropriate Federal Cognizant Agency for use in FY 2009/10.
12.	A copy of the approved budget allotment report for FY 2010/11.
13.	A worksheet that substantiates how the two-year percentage cost increase was determined.
14.	A summary of the actual jail population for FY 2009/10 per facility by month.
15.	A worksheet that substantiates how the two-year population increase/decrease was determined, or a copy of the supporting city or county document indicating the expected jail population for FY 2011/12, such as a court order reducing the jail population, etc.
16.	If lease costs are included in Services and Supplies or another Category/Object, please provide a copy of the lease and documentation of the lessor's identity and financial interest as separate from the city or county government.
17.	Documentation to substantiate the booking costs. Please provide one of the following:
	<ul> <li>A copy of the expenditure report for the booking unit.</li> <li>Documentation showing the salaries and the classification/positions of the people involved in the booking process and some basis for the allocation of their time spent booking versus other duties, if any.</li> </ul>
Controlle Sheriff/P	Controller:

COUNTY/JAIL NAME		Prepared By:		
ACTUAL EXPENSE FOR: FY 2009/10		REPORTED COSTS	REFI	ERENCE
1 2 3 4 5 6 7 8	DIRECT COSTS (Allowable and Unallowable) Wages and Benefits Services and Supplies Medical Costs (Routine and Non-Routine) Equipment purchases (Non-capitalized)			
10	Total Direct Costs			
11 12 13 14 15 16	LESS: Unallowable Direct Costs  BOOKING COSTS  Non-Routine Medical  Communication (outside of jail facility)  Home Detention  Work Furlough			
18	Total Unallowable Direct Costs		1	
19	ALLOWABLE DIRECT COSTS		_	
20	Or Other Basis		-	
21	INDIRECT COSTS  Allow Dir/Total Dir Equals The Allow % of Indir Costs (Line 19/Line 10)		_	
23	ALLOWABLE INDIRECT COSTS			
24	TOTAL EXPENDITURES			
25 26 27 28 29 30	LESS: Offsetting Reimbursements STC POST Transportation Morrissey Inmate Medical Co-Pay			
31	Total Offsetting Reimbursements		_	
32	ALLOWABLE COSTS			

СО	UNTY/JAIL NAME		Prepared By:	
PROJECTED EXPENDITURES FOR: FY 2011/12		REPORTED COSTS	REI	FERENCE
33	Allowable Costs (FY 2009/10) (From Line 32 on Page 1)			
34	Estimated 2 Year Percent Cost Increase/Decrease			
35	Amount of Estimated 2 Year Increase/Decrease			
36	TOTAL ALLOWABLE COSTS FOR FY 2011/12 RATE COMPUTATION			
	FISCAL YEAR 2011/12	Requested		
37	Reported Average Daily Jail Population (FY 2009/10)			
38	Calendar Days (FY 2011/12)			
39	Total Projected Jail Population (FY 2011/12)			
40	Estimated 2 Year % Population Increase/Decrease)			
41	Estimated FY 2011/12 Population			
42	DAILY JAIL RATE (FY 2011/12)		Do Not Exceed Cap	

CC	COUNTY/JAIL NAME		Prepared By:	
	Prior Rate Estimate Adjust	ment	Schedule 2009/	10 A
	DESCRIPTION OF ITEM	REPORTED AMOUNT	REFERENC	E
1	TOTAL ALLOWED COSTS FOR FISCAL YEAR (FY) 2009/10			
2	AVERAGE DAILY POPULATION IN FY 2009/10			
3	TOTAL CALENDAR DAYS IN FY 2009/10			
4	TOTAL ACTUAL INMATE DAYS IN FY 2009/10			
5	CORRECTED DJR RATE FOR FY 2009/10			
6	DAILY JAIL RATE APPROVED FOR THIS FACILITY FOR USE IN FY 2009/10 (From Line 42 of DJR Computation Schedule Approved for FY 2009/10)			
7	DIFFERENCE			
	If the DJR on Line 5 is under \$77.17, and is less that FY 2009/10 invoices. CDCR will collect the overpay			
	If the DJR on Line 5 is under \$77.17, and is greater than Line 6, your county/city was underpaid for FY 2009/10 invoices. Use CDCR 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention and invoice CDCR for the difference.			
	If the DJR on Line 5 is \$77.17 or more, and Line 6 is less than \$77.17, the city or county was underpaid for FY 2009/10 invoices. Use CDCR 2131-B, Consolidated Amended Invoice for Parolee/Inmate Detention and invoice CDCR for the difference.			
	If the DJR on Line 5 is \$77.17 or more, and Line 6 is less than \$71.57, there will be no adjustments made. The cap of \$77.17 placed on DJRs as established by the Budget Act, remains in effect through June 30, 2010.			

COUNTY/JAIL NAME	Prepared By:
Explanation of Adjustments/References:	

## PAROLE REVOCATION HEARING RATE (PRHR) FISCAL YEAR 2011/12

## CHECKLIST FOR PREPARATION OF THE PRHR COMPUTATION FORM

	neck to see that the items listed below are enclosed with your PRHR Computation forms facility. A completed PRHR checklist must be submitted with your PRHR:
1.	Preparer's Name of PRHR Computation Form for FY 2011/12:
2.	Contact Person for questions regarding completed PRHR Computation Form:
	(Telephone Number & E-mail Address)
	ATTACHMENTS:
3.	A copy of the applicable FY pay scale, or any other forms of verification of the salary used, listing the annual salary of the deputy sheriff or other staff that participate in the hearing.
4.	A copy of the applicable portion of the MOU or contract between the city or county and union that lists the employee benefits for the deputy sheriff.
5.	A copy of the expenditure report that lists the applicable utility charges used in the PRHR calculation.
6.	A copy of the expenditure report itemizing costs associated with the hearing process.
7.	A copy of the expenditure report that lists applicable transportation charges used in the PRHR calculation.
8.	A copy of the actual records kept for all hearings for FY 2010/11 to calculate the average length of a hearing, to include parolee, length and location of the hearing.
9.	Provide an explanation of the methodology used to calculate the additional security cost to escort an inmate to and from the hearing.

Provide current name, title, phone number and address of the Sheriff/Police Chief and Auditor-Controller:
Sheriff/Police Chief:
Auditor-Controller:

## RATE BASED ON REGULAR WAGES WITH BENEFITS

COU	NTY/JAIL NAME		Prepared By:
	ACTUAL EXPENSE FOR: FY 2010/11		DO NOT ENTER DATA INTO SHADED AREAS
		REPORTED COSTS	REFERENCE
1 2 3	APPLICABLE HEARING COSTS  Average Hourly Deputy Sheriff Wage Utility Costs for Hearing Room Transportation Costs	\$0.00 \$0.00 \$0.00	
4	Total Applicable Hourly Hearing Costs	\$0.00	
5	HEARING COSTS PER MINUTE Total Applicable Hourly Hearing Costs	\$0.00	
6	Divided by 60 Minutes	60	
7	Total Cost Per Minute	\$0.00	
8 9	TOTAL DURATION OF HEARING (IN MINUTES)  Average Duration of Hearing Average Security Time to Escort Inmate To and From Hearing	0	
10	Total Duration of Hearing in Minutes	0	
11	TOTAL HEARING RATE	\$0.00	(Line 7 x Line 10)

COUNTY/J	AIL NAME	Prepared By:	Name
Explanations of	of Adjustments/References:		

### RATE BASED ON OVERTIME WAGES WITHOUT BENEFITS

COUNTY/JAIL NAME			Prepared By:
ACTUAL EXPENSE FOR: FY 2010/11			DO NOT ENTER DATA INTO SHADED AREAS
		REPORTED COSTS	REFERENCE
	APPLICABLE HEARING COSTS		
1	Average Hourly Deputy Sheriff Overtime Wage	\$0.00	
2	Utility Costs for Hearing Room	\$0.00	
3	Transportation Costs	\$0.00	
4	Total Applicable Overtime Hourly Hearing Costs	\$0.00	
•	Total Application of the first	40.00	
-	HEARING COSTS PER MINUTE	<b>#0.00</b>	
5	Total Applicable Hourly Hearing Costs	\$0.00	
6	Divided by 60 Minutes	60	
7	Total Cost Per Minute	\$0.00	
1	Total Cost Fer Millute	\$0.00	
	TOTAL DURATION OF HEARING		
8	Average Duration of Hearing Average Security Time to Escort Inmate	0	
9	To	0	
	and From Hearing		
40	Total Duration of Haaring	0	
10	Total Duration of Hearing	U	
11	TOTAL HEARING RATE	\$0.00	(Line 7 x Line 10)
	-	,	(

### PAROLE REVOCATION HEARING RATE

COUNTY/JAIL NAME	Prepared By:	Name
Explanations of Adjustments/References:		

### MONTHLY INVOICE

## PAROLE HOLD AND DETENTION PROGRAMS STREET ADDRESS CITY, STATE, ZIP CODE FROM: TO: FACILITY NAME: Department of Corrections and Rehabilitation **Division of Adult Parole Operations** STREET ADDRESS: STREET ADDRESS: CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE In accordance with Penal Code § 4016.5, payment is requested for satisfactory services provided in the **MONTH** of , 20 Total participant days \* Reimbursement rate X TOTAL PAYMENT

### **CLAIM CERTIFICATION**

**REQUESTED** 

I hereby certify under penalty of perjury that the city or county named herein is entitled to the amount claimed; that the claim within is in all respects a true and correct statement of costs incurred under Penal Code § 4016.5, and that I have not violated any of the provisions of the Government Code Sections 1090 and 1096, inclusive.

SIGNATURE OF CITY / COUNTY REPRESENTATIVE:	DATE SIGNED:	SIGNATURE OF DAPO REPRESENTATIVE:	DATE SIGNED:
(TYPE) NAME AND TITLE:		(TYPE) NAME AND TITLE:	L
CONTACT TELEPHONE NUMBER:		CONTACT TELEPHONE NUMBER:	
E-MAIL ADDRESS:		E-MAIL ADDRESS:	

<sup>\*</sup>Total "participant days" is obtained from the attached Register of Participation (CDCR 2128) form, Column 10, "Number of Days". It includes the first, but not the last, day of participation, *unless* adequate documentation is provided and attached to the invoice.

## REGISTER OF PARTICIPATION PAROLE HOLD AND DETENTION PROGRAMS

CITY OR COUNTY					1025 / 110 2			FOR MONTH OF	YEAR		
BOOKING NUMBER	LAST NAME	FIRST NAME	CDCR NUMBER	R OR C	DATE HOLD PLACED	DATE NEW CRIMINAL CHARGES BEGIN	DATE NEW CRIMINAL CHARGES END	# OF DAYS ON CRIMINAL CHARGES	DATE HOLD RELEASED	# OF DAYS ON HOLD	# OF CHARGEABLE OHO DAYS
(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
, ,	, ,		. ,	, ,	, ,		. ,	, ,	, ,		
						I		I	TOTAL STAT	TE DAYS	

#### LEGEND:

- (1) JAIL BOOKING NUMBER
- 2) NAME OF INMATE/PAROLEE (May not agree with CDCR name)
- (3) CDC ID NUMBER
- (4) ENTER "R" FOR RELEASED or "C" FOR PAROLEE/INMATE CONTINUING PROGRAM NEXT MONTH
- (5) DATE OHO OR DETENTION STARTS or THE FIRST DATE OF INVOICE PERIOD
- 6) DATE NEW CRIMINAL CHARGES FILED
- (7) DATE CRIMINAL CHARGES DROPPED, DISMISSED OR SENTENCE ENDS
- (8) DAYS ON CRIMINAL CHARGES Billing month only (Column 8 equals column 7 minus column 6 date)
- (9) DATE OHO, ON DETENTION ENDS or THE LAST DAY OF THE MONTH
- (10) DAYS ON HOLD or DETENTION (Column 10 equals column 8 date minus column 5 date)\*
- (11) CHARGEABLE OHO and/or DETENTION DAYS (Column 11 equals column 10 minus column 8 plus 1 if column 4 equals "C")

\*Includes the first, but not the last, day of participation. For specific instruction in preparing the Register of Participation, see the Daily Jail Rate Manual.

#### DISTRIBUTION:

ORIGINAL – PAROLE ACCOUNTING TECHNICIAN YELLOW – COUNTY JAIL PINK – PAROLE AGENT

1.61.777.11.11.11.161.67	FOR USE BY BOARD OF PAROLE HEARINGS ONLY					
MONTHLY INVOICE	APPROVED DISAPPROVED					
PAROLE REVOCATION HEARINGS	APPROVED WITH CHANGES					
	SIGNATURE DATE					
NAME OF CITY OR COUNTY						
STREET ADDRESS						
CITY, STATE, ZIP CODE						
FROM:	то:					
FACILITY NAME:	Department of Corrections and Rehabilitation Division of Adult Parole Operations					
STREET ADDRESS:	STREET ADDRESS:					
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE					
In accordance with Penal Code § 4016.5, payme in the <b>MONTH</b> of	ent is requested for satisfactory services provided					
Total Number of Hearings *						
Reimbursement Rate	<u> </u>					
TOTAL PAYMENT REQUESTED	\$					
CLAIM CER	TIFICATION					

I hereby certify under penalty of perjury that the city or county named herein is entitled to the amount claimed; that the claim within is in all respects a true and correct statement of costs incurred under Penal Code § 4016.5, and that I have not violated any of the provisions of the Government Code Sections 1090 and 1096, inclusive.

SIGNATURE OF CITY / COUNTY REPRESENTATIVE:	DATE SIGNED:	SIGNATURE OF DAPO REPRESENTATIVE:	DATE SIGNED:
(TYPE) NAME AND TITLE:		(TYPE) NAME AND TITLE:	
CONTACT PHONE NUMBER:		CONTACT PHONE NUMBER:	
E-MAIL ADDRESS:		E-MAIL ADDRESS:	

<sup>\*</sup>Total hours or number of hearings is obtained from the attached Register of Participation (CDCR 2130) form.

## **REGISTER OF PARTICIPATION PAROLE REVOCATION HEARINGS**

COUNTY	F	FOR MONTH OF	YEAR	
PAROLEE'S NAME (1)	CDC # (2)	DATE OF HEARING (3)	NUMBER OF HOURS (4)	CUMULATIVE NUMBER OF HEARINGS (5)
		TOTAL		

- NAME OF INMATE for whom revocation hearing was held.
- **CDC ID NUMBER**
- DATE OF HEARING
- NUMBER OF HOURS per hearing. FORWARD the total number of hours to monthly cover invoice if rate is based on number of hours of service. NUMBER OF HEARINGS. FORWARD the total number of hearings to the monthly cover invoice if rate is based on cost per hearing.

## DJJ DETENTION INVOICE & PARTICIPANT REGISTRATION

#### SEND TO:

California Department of Corrections and Rehabilitation Division of Juvenile Justice ATTN: Financial Analysis Bureau 4241 Williamsbourgh Drive Sacramento, CA 95823

(1) CITY OR COUNTY (2) FACILITY NAME & ADDRESS			(3) INCLUSIVE COSTS WERE INCURRED:				((4) YEAR:
	NAME (5)		DJJ ID # (6)	FROM:	PATE DJJ HOLD PLACED (7)	TO:  DATE DJJ HOLD  RELEASED  (8)	DAYS ON OHO (9)
						(10) TOTAL DAYS	(40) 70711
		т	OTAL COST	(Total Days	x \$ Daily Rate) =	(11) DAILY RATE \$	(12) TOTAL \$
CLAIM CERTIFICATION: I hereby under Section 1776 of the Welfard	y certify that the above is a true and acce and Institutions Code.	curate statemen	t of costs i	ncurred by	y the county or	city for detaining alle	ged parole violators
(13) SIGNATURE OF CITY / COUNTY REPRESENT		(14) (TYPE) NAME A	ND TITLE				(15) DATE

## MONTHLY INVOICE NON-ROUTINE MEDICAL

For Reimbursement Under Penal Code Section 4016.5

Non-routine medical expenses refer to medical services provided to an individual for a specific condition or specialized care. Documentation and/or detail supporting non-routine medical expenses must clearly identify the specific nature and level of medical services, appropriateness and related expense for medical services provided parole violators.

NAME OF CITY OR COUNTY				
STREET ADDRESS				
CITY, STATE, ZIP CODE				
FROM:			TO:	
FACILITY NAME			nent of Corrections and Rehvision of Adult Parole Opera	
STREET ADDRESS		STREET ADDRESS	S	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP	CODE	
In accordance with Penal Code § 4 in the <b>MONTH</b> of		_	ed for satisfactory serv	=
<b>DETENTION FACILITY</b>	<u>Y</u>		<u>AMOUN</u>	<u>T</u>
		_	\$	
		_	\$	
		_	\$	
		_	\$	
TOTAL PAYMENT RE	EQUESTED		\$	
		TIFICATIO		
I hereby certify under penalty of perjury that the within is in all respects a true and correct states of the provisions of the Government Code Section	nent of costs incu	rred under Penal	Code § 4016.5, and that I hav	
SIGNATURE OF CITY / COUNTY REPRESENTATIVE:	DATE SIGNED:	SIGNATURE OF D	APO REPRESENTATIVE:	DATE SIGNED:
(TYPE) NAME AND TITLE – PHONE NUMBER:		(TYPE) NAME AN	D TITLE – PHONE NUMBER:	
CONTACT TELEPHONE NUMBER:		CONTACT TELEP	HONE NUMBER:	

Non-routine medical expenses must be billed by the city or county directly to the CDCR, Headquarters Accounting Services Section via the appropriate DAPO Regional Headquarters Office

# CONSOLIDATED AMENDED INVOICE PAROLEE / INMATE DETENTION

## Prior Months Billing Adjustment For Reimbursement Under Penal Code Section 4016.5

		ibursement Un	der Penal	Code Section 4016	0.5	
NAME OF	CITY OR COUNTY					
STREET A	DDRESS					
CITY, STA	TE, ZIP CODE					
	FROM:			,	ГО:	
FACILITY	NAME		D	epartment of Corre	ctions and F	Rehabilitation
				Division of Adu Attn: Local Assista		
STREET A	DDRESS		STREET AI		ilice i rogra	in Manager
				1515 "S" Str	eet, Room 2	212-N
CITY, STA	TE, ZIP CODE		CITY, STA	ΓE, ZIP CODE		
				Sacrament	o, CA 958	11
<u>LINE</u>	COLUMN 1	<u>COLUM</u> date rate api		COLUMN 3	RE	COLUMN 4 EIMBURSEMENT REQUESTED
1	(New) Rate approved on:			\$		
2	(Old) Rate of reimbursement			\$		
3	(Difference) Rate of Increase (Line 1 minus Line 2)			\$		
		TOTA PAROLI INMAT	EE/			
	MONTHS	DAYS BII				
4	July 20					
5	August					
6	September					
7	October November					
8 9	December					
10	January 20					
11	February					
12	March					
13	April					
14	May					
15	June					
16	Total Number of Days				<u></u>	
17	TOTAL: Parolee/Inmate Deten (Rate in Line 3 times number of			sted	_\$	
SIGNATU	JRE OF CITY / COUNTY REPRESENTATIVE:		(TYPE) NAM	E AND TITLE:		DATE SIGNED:
CONTAC	T PHONE NUMBER:		1			1

# CONSOLIDATED AMENDED INVOICE PAROLE REVOCATION HEARINGS

### Prior Month Billing Adjustment For Reimbursement Under Penal Code Section 4016.5

NAME OF	CITY OR COUNTY					FISCAL YEAR
STREET A	ADDRESS					
CITY, STA	ATE, ZIP CODE					
	FROM:				TO:	
FACILITY	NAME:			Department of Corr	ections and	d Rehabilitation
				Division of Ad		
STREET A	ADDRESS:		STRE	Attn: Local Assis	tance Prog	ram Manager
2					D	- 212 N
CITY, STA	ATE, ZIP CODE		CITY,	1515 "S" St STATE, ZIP CODE	reet, Roon	1 212-IN
	,				CA 0501	1
				Sacramento,	CA 9581	COLUMN 4
						EIMBURSEMENT
LINE	COLUMNIA	COLUM	NI O	COLUMNI 2	REQ	UESTED PER HOUR
<u>LINE</u>	<u>COLUMN 1</u>	COLUM! DATE RATE APP		COLUMN 3		OR HEARING
				¢		
1	(New) Rate approved on:			\$		
2	(Old) Rate of reimbursement			\$		
	(Difference) Rate of Increase			¢		
3	(Line 1 minus Line 2)	TOTAL HO	TIRS	\$		
		OR HEAR				
	MONTHS	BILLE				
4	July 20					
5	August					
6	September					
7	October					
8	November					
9	December					
10	January 20					
11	February					
12	March					
13	April					
14	May June					
15	Total Number of hours or					
16	hearings				<u></u>	
17	TOTAL: Parolee/Inmate Detenti (Rate in Lines 3 times hours/hea	ion Reimbursen rings in Line 16	nent Reque	ested	\$	
	UDD OD OWN / GOVD WW			C AND THE C		
SIGNAT	URE OF CITY / COUNTY REPRESENTATIVE:		(TYPE) NAM	ME AND TITLE:		DATE SIGNED:
CONTAC	CT PHONE NUMBER:		I			

# CONSOLIDATED AMENDED INVOICE WARD DETENTION

## Prior Month Billing Adjustment For Reimbursement Under Welfare & Institutions Code Section 1776

NAME OF	CITY OR COUNTY				FISCAL YE	EAR
STREET A	DDRESS					
CITY, STA	ATE, ZIP CODE					
	FROM:			TO:		
FACILITY	NAME:			California Department	of Youth Autl	nority
			I	Headquarters Accounting	ng Services Se	ection
STREET A	ADDRESS:		STREET A	DDRESS:		
~~~				P.O. Box 1	87018	
CITY, STA	ATE, ZIP CODE		CITY, STA	TE, ZIP CODE		
				Sacramento, CA		TD D7 /
LINE	COLUMN 1	<u>COLUM</u> DATE RATE APF	<u>N 2</u> Proved:	COLUMN 3	REIMBU	LUMN 4 JRSEMENT <u>UESTED</u>
1	(New) Rate approved on:			\$	-	
2	(Old) Rate of reimbursement			\$	_	
3	(Difference) Rate of Increase (Line 1 minus Line 2)	TOTAL III	OLID C	\$		
	TOTAL HO OR HEAR					
	MONTHS	BILLE				
4	July 20					
5	August					
6	September					
7	October					
8	November					
9	December					
10	January					
11	February					
12	March					
13	April					
14	May					
15	June					
16	Total Number of Days				<u></u>	
17	SUBTOTAL: Ward Detention Re(Rate in Line 3 times Hours/Hear	eimbursement Reings in Line 16)	equested		\$	
SIGNATU	URE OF CITY / COUNTY REPRESENTATIVE		(TYPE) NAM	IE AND TITLE	I	DATE
CONTAC	CT PHONE NUMBER		1			

# CONSOLIDATED AMENDED INVOICE WARD DETENTION

## Prior Month Billing Adjustment For Reimbursement Under Welfare & Institutions Code Section 1776

NAME OF	CITY OR COUNTY					FISCAI	YEAR
STREET A	DDRESS						
CITY, STA	ATE, ZIP CODE						
	FROM:				TO:		
FACILITY	NAME:			nia Department of			
STREET A	ADDRESS:		STREET A	Headquarters Acco	unting Se	rvices	Section
					ox 18701	8	
CITY, STA	ATE, ZIP CODE		CITY, STA	ATE, ZIP CODE Sacramento,	CA 958	18-701	18
LINE	COLUMN 1	<u>COLUMI</u> date rate app		COLUMN 3	R	REIM EQUE	COLUMN 4 IBURSEMENT STED <u>PER HOUR</u> R HEARING
18	(New) Rate approved on:			\$	per		
19	(Old) Rate of reimbursement			\$	per		_
20	(Difference) Rate of Increase (Line 18 minus Line 19)	TOTAL III	STIDE	\$	per		
	MONTHS	TOTAL HO OR HEAR BILLE	INGS				
21	July 20						
22	August						
23	September						
24	October						
25	November						
26	December						
27	January						
28	February March						
29 30	April						
31	May						
32	June						
33	Total Number of Days			·			
34	SUBTOTAL: Ward Detention Re (Rate in Line 20 times number of					\$	
35	<b>TOTAL</b> : Reimbursement request Amended invoice for the period:	ted for this cons	olidated	thru		\$	
SIGNATU	URE OF CITY / COUNTY REPRESENTATIVE		(TYPE) NAI	ME AND TITLE			DATE
CONTAC	CT PHONE NUMBER						